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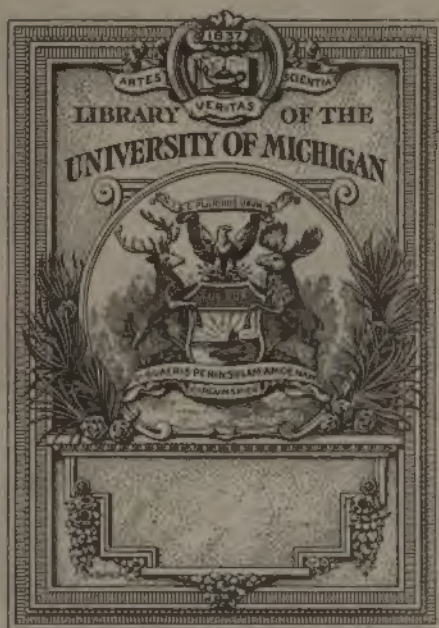
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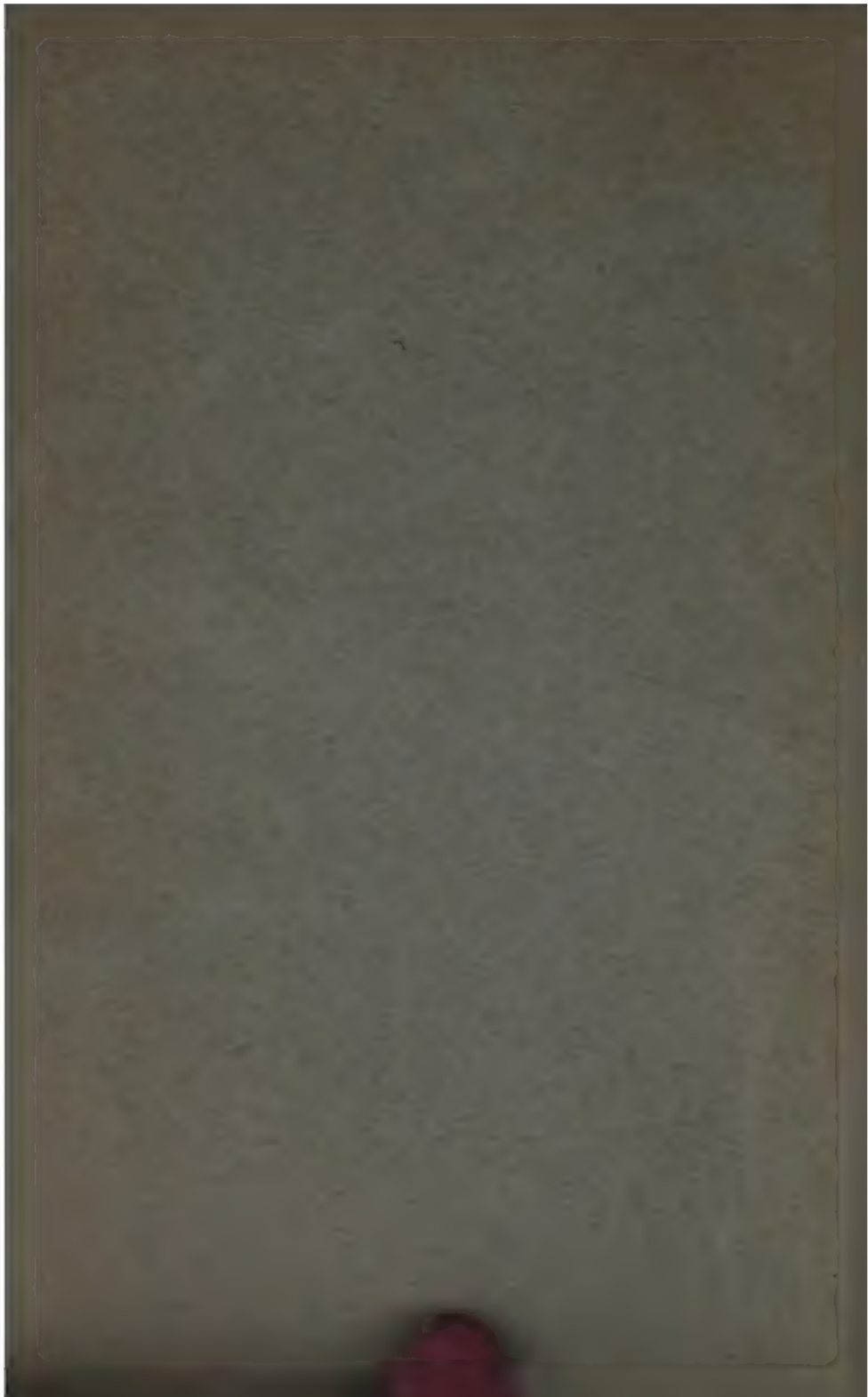


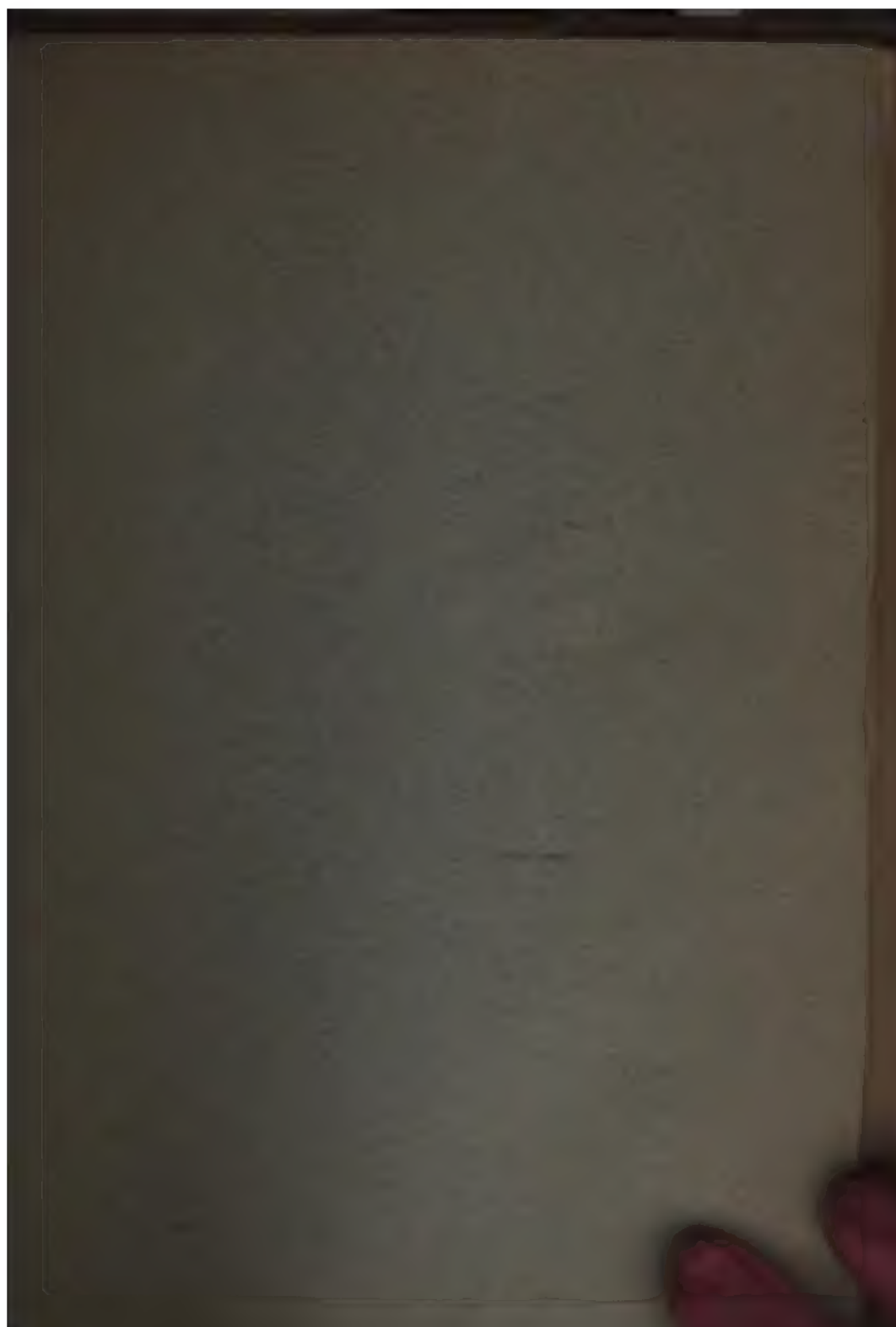
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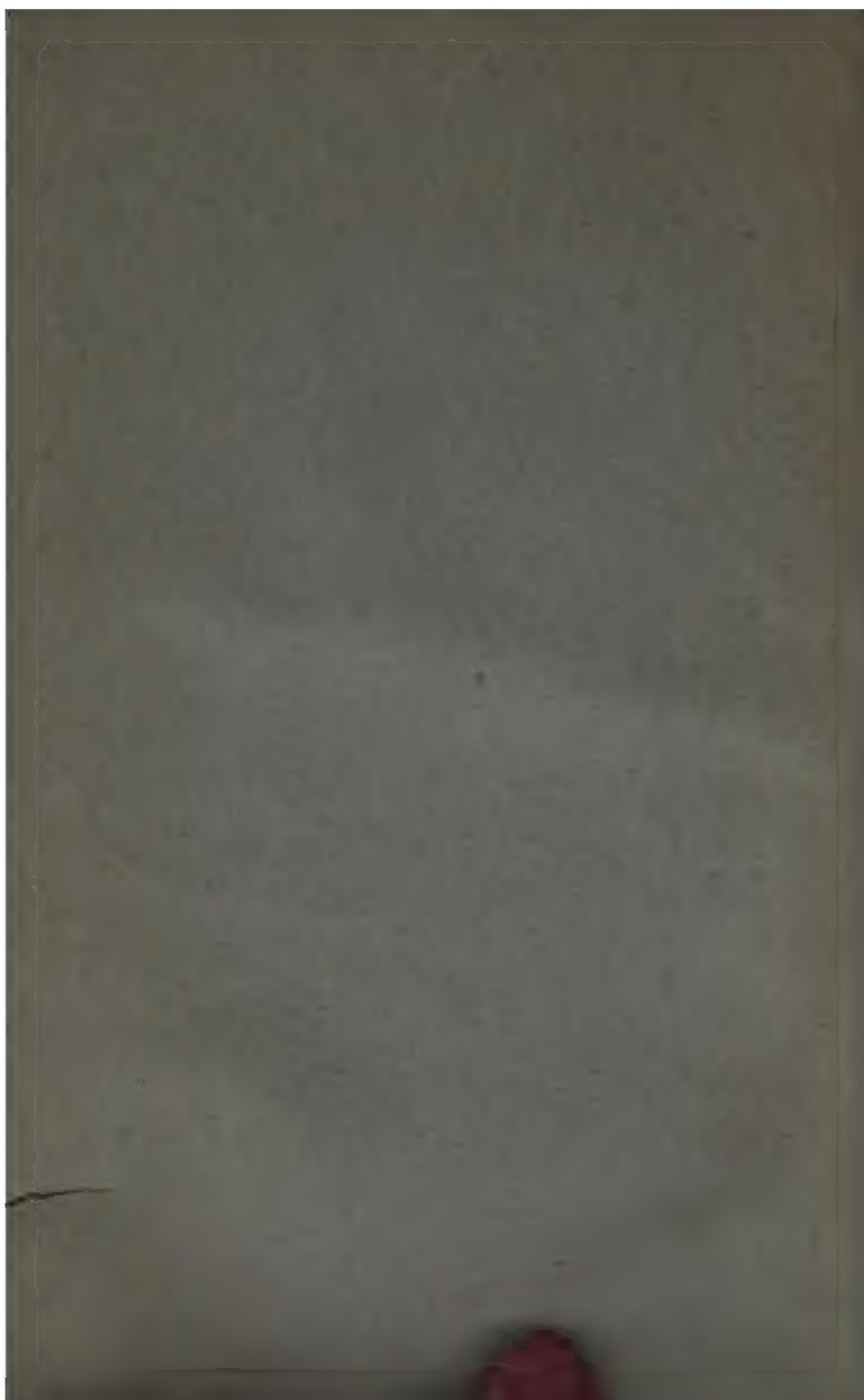
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AMERICAN MEDICAL GAZETTE.

Vol. IX.

JANUARY, 1858.

No. 1.

ORIGINAL DEPARTMENT.

Elephantiasis Arabum of the Left Inferior Extremity treated successfully, by Ligature of the Femoral Artery.

By J. M. CARNOCHAN, Prof. of Surgery in the New York Medical College, Surgeon-in-Chief to the State Hospital, &c., &c.

In September, 1852, I recorded a case of Elephantiasis Arabum successfully treated, by ligature of the femoral artery. Since then, I received a letter from Prof. Erichsen, of the London University, in which he mentions a case of Elephantiasis treated, with a successful result, upon the same principle.

The portion of his letter referring to this subject runs as follows: "I have perused the details of your case with great interest, and have been especially struck by the account of the successful ligature of the femoral artery for that otherwise intractable disease, Elephantiasis Arabum. The operation was certainly a bold step, but one that the result shows to have been the proper one to take; and it certainly does infinite credit to your judgment and skill, to have devised a successful treatment for this complaint. I have at present under my care a man with extensive Elephantiasis of the foot, in whom, about two months ago, the Assistant Surgeon, during my absence, tied the anterior tibial, in the middle third of the leg. This case has done well, and the limb is fast recovering its usual dimensions. The operation was performed on hearing of the success of your case."

The following case is another example of the beneficial results of this practice, in a disease hitherto deemed incurable by other means:

Francisco Podesta, a native of Italy, 39 years of age, peasant by occupation, was admitted into the State Emigrant's Hospital, on the 17th of April, 1857. About six years previous to his admission, after prolonged exposure to cold, and dampness, he was attacked with severe pains in the left leg, extending upwards along the thigh. The pain was followed by general tumefaction of the leg from the toes upward to the knee joint. The local disease was attended by constitutional disturbance, which, however, gradually subsided, the limb remaining much disfigured and considerably larger than that of the opposite side. The foot was thickened, and appeared stunted from the increased circumference around the ankle; the calf of the leg was also considerably augmented; the skin and sub-cutaneous tissues were dense, hard, and hypertrophied; the surface of the limb below the knee was scaly, and, in general, presented the unseemly appearance from which the term Elephantiasis has been derived. Around the ankle the hypertrophied tissues were thrown into large and prominent folds, hanging, as it were, over the ankle joint; between two of these folds an extensive ulceration existed, as large as a dollar piece. The patient, in this condition, was unable to follow any vocation; in fact, was unable to walk, and entered the hospital more as an asylum, than with the hope of obtaining relief. His general condition was feeble, and he presented a cachectic appearance. The following were the measurements of the limb: the thighs at the middle were of equal measurement, 19 inches; around the calves on the sound side, 10 inches; on the diseased side, 13 inches; above the ankles on the sound side, $8\frac{1}{4}$ inches; on the diseased side, 12 inches; around the ankles on the sound side, $9\frac{1}{4}$ inches; on the opposite side, $15\frac{1}{2}$ inches; while the measurement from the heel around the instep on the sound side was 12 inches, and 19 inches on the diseased side.

Deeming it unnecessary to repeat in this patient's case the numerous remedies which had been unavailingly tried, I proposed to apply a ligature upon the femoral artery, for the purpose of modifying the morbid nutrition of the limb. Allowing him some time to improve his general health, and to become accustomed to the air of the hospital, on the 23rd of May a ligature was applied on the femoral artery in Scarpa's space. The artery was found to be healthy and of normal size. May 27th: Everything had progressed favorably up to this time, and the limb was beginning to show evidence of diminution. July 1st, the ligature came away; at this time, the calf of the diseased side had diminished 1 inch above the ankle; around the ankle, $1\frac{1}{4}$

inches; and in the measurement in the heel around the instep, $3\frac{1}{2}$ inches; the skin of the leg and foot was also soft. July 10th, the patient was allowed to move about, the ankle joint which previously was almost immovable, now admitted of flexion and extension. The ulceration had now healed, and from this time forward until the 24th of August, (the time of his discharge from the hospital,) the dense and hardened tissues were gradually becoming more natural and soft. He left the hospital with his limb almost of natural size, and able to walk with but slight lameness.

45 LA FAYETTE PLACE, Dec. 10th, 1857.

[Our foreign correspondent, Dr. McCormac, of Belfast, favors us with the following brief communications, to which we give place without comment.]

AIR, THE ANTIDOTE TO TUBERCLES.

To the Editor of the American Medical Gazette:

SIR—Your learned correspondent, Dr. Lee, in his kindly commentaries on my views on "Tubercle," is simply *non avenu*. (See *Gazette*, September, 1857.) His statements are altogether, if he will pardon me for saying so, a *crambe recocta* of the old errors. I have already discussed their merits in my treatise on "Consumption," which, apparently, the doctor has not seen. My Aphorisms do not argue the question. They merely repeat conclusions. Dr. Lee affirms that tubercle is a *protein* substance. But, then, there is no such substance as *protein*, unless perchance as a product of decomposition. It is a mere *Deus ex machina*, invented by pathological chemists, by Mulder, in fact, to enable them, with the best intentions no doubt, to get up explanations, very often of unreal things. I am well aware, as Dr. Lee can be, that tubercle in composition is allied to the so-called *protein* bodies, but that does not in the least affect my position, that tubercle is essentially carbonaceous. One-half or so is carbonaceous, the oxygen and hydrogen are referable to the watery ingredients, the residual nitrogen also, one and all, are lung excretions, excrementitious, or waste and disintegrated tissues. When the air-supplies are insufficient, when the same atmosphere is breathed again and again, the waste, instead of being excreted or sufficiently excreted by the lungs, is retained in the blood, and is finally deposited, waste and inorganic as it is, under the form of tubercle, in the different

living tissues. No other theory is adequate to account for the phenomena and for the universality of the disease. There is no other combination of abnormal circumstances common to every form of the disease. No other theory tries to dispose of the waste, that, under the conditions I have named, is not discharged or adequately discharged by the lungs. During the course of last summer, assisted by my son, Dr. William McCormac, I produced tubercle artificially, as any one who chooses may do, in previously healthy rabbits immured in boxes imperfectly furnished with atmospheric air, but otherwise amply supplied with heat, light, and food. Out of 128 cases of exquisite phthisis, the particulars of which I registered during the last year and quarter, each and all suffered from deficient air-supplies, the one and only cause, as I must continually maintain, of tubercle in every form. Many of the cases were those of persons in the enjoyment not only of comfort, but superfluity, while all only concurred in the one abnormal condition of a deficient air-supply. And so long as individuals and communities continue to respire an impure atmosphere, and so long as our profession withhold the fact of the incessant need of pure air, so long, and no longer, need scrofula and consumption continue to infest the world. I am, Sir, with every sentiment of respect,

H. Y. McCORMAC, M.D.

BELFAST, *November 1, 1857.*

Asiatic Cholera and its Prevention.

By HENRY McCORMAC, M.D.

As physician to the Belfast Cholera Hospital, I had unusual experience in the treatment of Asiatic cholera. During the earlier outbreaks of this malady, opium and calomel were among the remedies most confided in. During the more recent outbursts, however, a new and additional remedy of great efficacy, was resorted to. This remedy consisted of the dilute acids, any of them. Use and convenience gave the preference to dilute sulphuric acid, and to this dilute acid, more or less combined with opiates, I habitually restricted myself. The name of the person who introduced this remedy, like that of many another benefactor of his species, is unknown. The elixir of vitriol, which is merely sulphuric acid diluted with spirit, and the addition of a little aromatic, is, in respect of cholera, in very many cases, literally and truly the elixir of life. Twenty drops, in a little water, may be taken every time the bowels are affected, also every two hours for some hours after. But dilute sulphuric acid—that is to say, sulphuric acid

one part, water seven parts—has precisely the same medicinal properties. Here, thirty drops in a little water will be an expedient dose. To children, two drops for each year of the child's life may be given. Otherwise the mode of exhibition is the same.

I now come to another feature in respect of the efficacy of dilute sulphuric acid. I find that it possesses preventive as well as curative properties. On the occasion of the outbreak of cholera in the Belfast District Lunatic Asylum, and after many deaths had ensued, I put the whole establishment on a prophylactic or preventive regimen. I added dilute sulphuric acid, in the proportion of half an ounce of dilute sulphuric acid to twelve ounces of water. Of this mixture I caused one tablespoonful, further diluted with a little water, to be swallowed each morning by every inmate. Very soon after, the cholera had completely disappeared. There is here the alternative of supposing that the disease spontaneously vanished, or that the dilute sulphuric acid had acted as a prophylactic. I myself prefer the latter conclusion. It is reasonable to conclude that a substance which possesses the property of constipating the bowels, should be adverse to the propagation of cholera. Now, dilute sulphuric acid possesses this property. It is also conformable to the efficacy of prophylactic measures generally, though greatly exceeding the efficacy of most in the prevention of disease. Sulphuric acid is cheap as it is effective. A pound of strong sulphuric acid, costing one penny, will make seven pounds of dilute sulphuric acid, which, further diluted, would furnish a prophylactic draught to the whole of a regiment. And this brings me to the object and intent of these remarks. They are intended to serve our suffering countrymen in India, engaged with a murderous enemy, and assailed by cholera, equally murderous. It is of great moment to cure disease, but it is yet more momentous to prevent it. I therefore have recourse to the wings of the press in order to disseminate a suggestion, which, if acted upon, I feel assured is calculated to avert many a pang, and in the East as well as elsewhere, to rescue lives of priceless value.

BELFAST, Oct. 3d, 1857.

American Medical Journal's Endorsement of Secretary Cass, and Homœopathy!

ZANESVILLE, Dec. 11th, 1857.

DEAR SIR—Reverends and Honorables by the score can be found in the advertising columns of every petty country newspaper, as the avowed champions and endorsers of every quack nostrum, however

outrageous; and the fact may to a certain extent be accounted for. Titles among us republicans are notoriously plenty and cheap, and the title of Reverend or Honorable by no means implies the possession of those qualities in the individuals holding the title, while the inordinate development of self-esteem, in minds perhaps brilliant, but intrinsically inferior, caused by the adulation of the little circle immediately surrounding them, induces those persons to set up as great luminaries in arts and sciences with which they are totally unacquainted.

The same mode of reasoning does not, however, apply to the evangelical letters of the Hon. Lewis Cass, and the publication of his famous small-pox letters can only be viewed as a melancholy evidence that the infirmities of age have brought the venerable statesman to the verge of second childhood.

The absurd treatment of small-pox by the internal use of vaccine, or variola virus, so far from being new, is really a somewhat antiquated humbug, the legitimate offspring of *similia similibus*, and by homœopaths in that branch of their pseudo-science, called *tosopathy*, to which belong also the treatment of hydrophobia, syphilis, gonorrhœa, and fistula lachrymalis, by hydrophobine, syphiline, gonorrhin, and — dacroxyringin, as well as the various ills traced to latent itch by Psorin, all prepared in the approved *Hahnemaniac* triturations, solutions, and dilutions. I have before me some old volumes of the *Allgemeine Homœopatische Zeitung*, whose pages are filled with such stuff. Not only do the infinitesimal doctors claim to have cured small-pox by variolin, but Mr. Cass would have found *authentic!* histories of cases where other diseases had been thus cured, that had but a remote connection with the original disease. For the benefit of the curious, I translate the following from p. 149, of the first vol. for 1834, of said journal; and as even homœopaths have given up infinitesimals, this relic of the past, without its infinitesimals, may enable new-fangled doctors and old-fashioned statesmen to add another feather to their cap for services to suffering humanity.

Yours,

JOHN G. F. HOLSTON.

VACCININ.

Yet another remarkable cure with this stuff I desire here to communicate to my medical colleges, which allies itself to those I have formerly communicated. About two months ago, a girl about seventeen years of age came to consult me for thick spots on the cornea, in consequence of vaccination when she was thirty weeks old. Dur-

ing the sixteen years since elapsed, she had without success, (I coin a word to meet the original,) allopathized against this affection. I administered in the commencement sulphur, arsenic, pulsatilla, and cannabis, which cured the inflammation and suppuration of the lid, but left the spots on the cornea, already skin thick, without change, until I administered my third trituration of vaccinin to the amount of four doses, whereby, to the great joy of the otherwise quite healthy girl, the corneal spots became perfectly transparent.

DR. BATZENDORF.

BREMENLEHE, Aug. 31st, 1833.

SUPER-PHOSPHATE OF IRON.

Phosphate of Iron, dissolved to saturation in a solution of metaphosphoric acid, forms with sugar a clear, light-colored, pleasantly acidulous syrup, without the inky flavor of most ferruginous preparations, while it contains, as prepared by Mr. Thomas Greenish, of London, *five grains* of the phosphate of iron in each fluid drachm.

An important advantage enjoyed by this preparation, is, that it may be combined in prescriptions with the various bitter and astringent tinctures and infusions, without causing any decomposition. Its pleasant taste makes it also peculiarly easy of administration, both to children and persons who may have acquired a disgust for the taste of iron. Beside these positive merits, there is a theoretical claim advanced in its favor in a circular issued by Mr. Greenish, which is important enough to deserve careful verification in this country. It is based on the assumption that iron and phosphoric acid are among the most important constituents of the human system; that "the brain consists essentially of phosphoric acid and oil, and a due proportion of the first is necessary to the integrity of the mental functions." "The iron exists in the blood as a phosphate, but *the digestive powers are sometimes so weakened that they cannot assimilate other preparations of iron, and convert them into the phosphate required.*" "In some cases of weakness the amount of the phosphates excreted is so much greater than that contained in the food taken, that *the phosphates of the living tissues are preyed upon for a supply,*" especially the brain, the richest in phosphorus of all the organs. Hence madness, loss of memory, and various other disorders of the mental organization.

As in tubercular disease, the fatty tissues are preyed upon, and cod liver oil, and other highly carbonized substances, have proved useful

in supplying the waste; so it is presumed there are cases where the super-phosphate of iron may act in a similar manner, by giving directly to the system the amount of phosphorus and iron necessary to prevent an injurious overdrain, and allowing time for recuperation by the natural forces. In support of this theory, several cases are cited by Mr Greenish, in the circular alluded to, where the syrup of the super-phosphate of iron in doses of a fluid drachm three times a day effected most rapid cures. The cases consist of extreme debility and exhaustion, mental and physical, produced by over-application to study in one instance, and in another by dissipation and excess; various softening of the bones, weak ankles in a child, and amenorrhœa and chlorosis in a female. If the results in these cases can be relied on, as can hardly be doubted from the respectability of their source, the super-phosphate of iron must soon occupy a most important place in our therapeutical catalogue.*

A. CUSHMAN.

OUR PHILADELPHIA CORRESPONDENT.

No. 5.

Board of Health, Medical Societies, &c.

• "Man in society is like a flow'r
Blown in its native bed. 'Tis there alone
His faculties, expanded in full bloom,
Shine out; there only reach their proper use."—*Cowper*.

DEAR GAZETTE—Another month has passed away, and your correspondent still lingers in the "City of Brotherly Love," where but few things derange the steady current of medical activity. He promised in his last to speak more particularly of some of the Medical Societies of this city, and defers this narrative for the present, only while glancing at a few matters involving medical character and medical honesty. It is well known to thee, oh friend GAZETTE, that quackery is considered a very immoral and very dishonest affair, and that the abettors and aiders of quackery, of necessity, partake of the above amiable adjectives; and it is also well known to thee, far-seeing GAZETTE, that thieves and burglars strain their throats the most in

* Under the name of "chemical food," a compound syrup of the phosphates of iron, lime, soda, and potash has been considerably employed, and formulæ for its preparation have been published by Mr. Parrish and Mr. Wiegand, of Philadelphia. The proportion of iron is much smaller than in the English syrup, being only about one grain of the phosphate to each fluid drachm.

the cry, when honest men try to catch them. The above remarks are elicited by some astounding revelations, in the way of forgeries and other dishonesties, lately brought to light in connection with our Board of Health, an institution well known to be under the control very much of its medical members.

The Board stands charged with—

1. Conniving at a charge of \$24,413 73 for filling in a pond in Prime Street, which work was estimated originally at less than \$1,000 by the contractors, and was not worth that much.

2. With having charged the expense of a dinner given last summer to the Sanitary Convention, at the Lazaretto, (said at the time to be by subscription,) to the city, obtaining the money on “bogus bills” for articles never furnished, some of the names upon which were forged and some fictitious. [What say Drs. Hays and Condie?]

3. With diverting the revenues of the Health Office from the public funds, and spending them for wines, liquors, cigars and dinners, for the delectation of the members of the Board and the loafers who hang around the Health Office.

4. Some of the members are charged with having obtained sums of money to pay bills of creditors or pretended creditors of the Board, which sums they put into their own pockets. [Query, Dr. Jewell?]

In these transactions the members of the Board of 1856–7 and the Board of 1857–8 are implicated, together with officers whom they elected. In the Board of 1856–7 were eight physicians, and one at least of these a *very* prominent member of the Quarantine Convention, and also a very active soldier in the war against the Physician-in-chief of the Blockley Hospital, and against those who assisted him to that position. It is to be hoped that his tender sense of morality and honesty will not suffer *too much* in this public expose, to which he is subjected, and that the intolerant enthusiasm with which he fights for honesty in others will not subject him to a recoil which may upset his self-sufficiency and pride of place. The fact is, this same business must have been well known to and concurred in by other active members of the Quarantine Convention; their participancy in it speaks fairer for their hospitable intentions than for the honesty of their means. The exposition of this matter presents a clue to the motives of some of the medical men who exhibit so much anxiety to shine at these *Boards* and Conventions.

The health of our city continues good, as it has during the greater part of the year that is past. The financial crisis still presses heavily

on all classes of the community, giving plenty of business to the lawyers, and keeping doctors without fee or reward.

In reference to the Societies of the city, we have referred to two of them, and will allude to them again in another place.

The Medico-Chirurgical College (or Society) was chartered by the Legislature of the State in 1848. This is entirely a voluntary association of the usual kind, and does not grant medical degrees or have regular courses of medical lectures. Its members (or fellows and associates) are of three descriptions: members, corresponding members, and honorary members. The requisites for membership are, good moral and professional character, and graduation in a respectable, regular school of medicine. Corresponding members are those who reside outside of the city or the state; and honorary members are gentlemen who, by their writings, discoveries, or scientific acquirements, have added to the domain of medicine. The numbers of these are of course few, and are resident in different parts of the United States and Europe. The corresponding members are numerous, not only in the United States, but in Mexico, South America, Canada, Nova Scotia, the West India Islands, and India.

This Society holds monthly meetings; has the nucleus of a library and cabinet; the former contains some rare works, presented to it by the Royal College of Physicians, London, and the latter has numerous specimens in natural science. The library and cabinet are designed as central depots or depositories of pathological specimens, collections in natural history, and books or libraries from gentlemen in any part of the United States or elsewhere. The fact that the libraries of physicians, collected, perhaps, at a considerable expense, and during a long life, are generally scattered and lost at their death, has induced the founders of this Society to establish this as a central place of deposit for such books and libraries as may be given or bequeathed to them. The names of the donors and testators in all cases to be placed upon the books and specimens; in this way it is hoped that many valuable books will be preserved, and a large library and cabinet founded, which will be open not only to the members of the Society, but to all medical men visiting our city. The Society adopts the code of ethics of the American Medical Association, and has for several years been represented in that body. It was also represented in the convention for the revision of the Pharmacopœia, held at Washington in 1850. This is the only Society in Philadelphia which draws its members, without restriction, from all parts of

the world. A few honorary members are admitted to one of the others, forming the only exception to the rule. A certificate or diploma of membership is awarded to its fellows on being elected, signing the constitution, paying a moderate fee, and presenting an essay or thesis on a subject selected by the candidate. The membership is much sought after by medical gentlemen from abroad, and by those about to visit foreign countries.

Another Medical Society is located in the northern part of the city, and embraces a number of physicians in that district. It is denominated the "Northern Medical Society of Philadelphia."

In addition to these we have numerous social clubs, of from ten to forty members, which meet at the different residences, and are generally merely for social intercourse and good suppers. Some of these are denominated Wistar Clubs, from the tradition that they were introduced by Dr. Wistar; but this seems to be an error, for originally they were merely the French soiree, adopted by Thomas Jefferson after his return from France. The imitation by medical men has degenerated into private parties, of particular medical circles, for eating, drinking and gossip. Jefferson collected his literary, professional and political friends at short intervals, in his mansion, in order to enjoy their conversation in literary, scientific and political matters; when the company had entered the door was fastened; what refreshments were used were taken from a private closet, and no servant permitted to be present. These rational soirees, which every one who visits Paris knows are so common there, and which embrace all professions in the upper classes of society, would be exceedingly useful among us, could we keep down the tendency, so strongly developed in the Anglo-Saxon race, to gourmandizing and nepotism.

The College of Physicians is the last society which we design to notice, but have not time or space at present. We understand that the committee from our County Society, appointed under "certain resolutions," to wait on your "Academy of Medicine," to instruct it in its duties to its members, has addressed a lengthy article to that body, which it is hoped the Academy has received in due form and placed *under the table*.* Such malicious child's play as is contemplated by these certain resolutions, being in the minds of all the intelligent public worthy only of such a disposition.

I remain truly yours, SENECA.

* No; but according to rule, *that* paper was referred to the Committee on Ethics, without reading.

SELECTIONS.

[From the Virginia Medical Journal.]

Clinical Lecture on Retention of Urine from Enlargement of the Prostate Gland, and on Spermatorrhœa in connection with Irritable Prostate.

By JOHN ADAMS, F.R.C.S., Surgeon to the London Hospital.

GENTLEMEN—One of the most common causes of retention of urine is enlargement of the prostate gland; a week seldom passes in hospital practice without a case of this description being admitted. I have nothing new to say upon this subject, but presuming that there may be some among you who do not understand it, I consider myself quite justified in directing your attention to it, especially as, a short time ago, a case of this sort was under my care in the wards. The prostate is very apt to become enlarged in old men, and it thus gives rise to a mechanical impediment to the escape of water from the bladder, causing retention of urine; or, as it very frequently happens, your attention is called to a patient who is said to have an irritable bladder, and who is continually passing a small quantity of water without obtaining any substantial relief: if the patient is an old man, you at once suspect that he is laboring under the infirmity in question, and you conclude that the cause of this state of the bladder arises from its being overcharged with urine, and that, as in an overfull cistern, the water is constantly running in small quantities through the waste pipe; you therefore pass a catheter, and at once draw off, perhaps, a quart of urine. The case is now clearly revealed, and you proceed to treat it just as if a complete retention existed. It is said, on high authority, that enlarged prostate is not the disease of the aged. I confess I do not understand this. I admit, however, that in the greater number of aged persons there may be not only no hypertrophy, but actually an atrophy of the gland; yet it most certainly happens that retention from this disease almost invariably occurs in old persons, and, therefore, when called to cases of retention in the aged, we look instinctively to the prostate gland as the cause, and act accordingly. You are aware that both lateral lobes of the prostate become hypertrophied, but the left lobe is supposed to be more frequently affected than the right. It is as well to bear this in mind, as some modification in the passing of the catheter may be thereby necessitated. It is said that the middle lobe is frequently the seat of enlargement, and so, no doubt, it is; but that which is presumed to

be the middle lobe has often nothing whatever to do with it, but is a growth springing from that portion of the gland which connects the lateral lobes of the prostate together, and which, in a book I published some time ago on the diseases of the prostate, I designated the "isthmus prostatici." This subject has been well considered by Mr. Thompson, who has given the result of numerous dissections of enlarged prostates, and this is one of the results of his inquiries. In the treatment, however, of these cases, it does not much signify whence the enlargement proceeds, nor what is its nature; the catheter must be employed for the relief of the retention. You should, however, bear in mind the fact, that in enlargement of the prostate the bladder is often exceedingly irritable, and unable to retain even an ounce of urine. This condition can always be well made out by catheterization.

You must, therefore, pass a catheter; you may take a silver or elastic instrument; you may take one with a long curve, or a short curve, or you may pass an elastic catheter with no curve at all. You are all familiar with the ordinary manoeuvre required in passing a large prostatic catheter; you get the point down to the neck of the bladder, and then, finding an obstacle, you depress the handle, and thus tilt up the point, and the catheter then enters the bladder. It now and then will happen to you that you cannot get the ordinary prostatic catheter into the bladder, and you try other instruments with like want of success; you then use the elastic catheter, giving it the peculiar curve described and delineated by Mr. Hey by withdrawing the stilet after the point has reached the prostate; still this will fail you occasionally, and you may exhaust your whole stock of curved instruments unsuccessfully, and you will be surprised to find that a moderate-sized elastic catheter, without the stilet, and made straight before its introduction, will pilot its way gradually between the lobes, and reach the bladder. I have so often seen this, that I really think it better to use the elastic catheter first of all. You cannot do any harm by it, which is more than can be said of the use of the silver instrument.

Now, if you fail in the introduction of the catheter, what are you to do? The patient must be relieved; and it is a rare thing, indeed, that a skillful surgeon is baffled in relieving cases of retention of urine from enlarged prostates; but such cases I have heard of: I never saw it, but it has occurred to the most experienced, and will, no doubt, occur again. Should this unfortunately happen to you, you are recommended to push the catheter through the back of the prostate,

and thus make a false passage. This operation is now and then fatal, but occasionally it happens that, if the false passage is maintained, the patient never suffers from any relapse, and considers himself cured permanently. In some cases, it has been thought advisable to puncture the bladder. I need scarcely remark, that the only situation in which the bladder can be advantageously punctured in these cases is above the pubis; but this you can only undertake when the hypogastric tumor is fully developed. The water is to be drawn off night and morning, or more frequently if requisite, and after some days the patient makes water himself, showing that retention has been immediately caused by some unusual distention of its blood vessels, probably some congestion of the veins, which are so numerous around the gland, and under the mucous membrane about the neck of the bladder.

This condition of vessels also explains a symptom of very common occurrence in the cases now under consideration—I mean hemorrhage to such an extent as to re-distend the bladder almost immediately; the bladder becomes intolerant of its contents, and you reintroduce the catheter, and you find a chamber pot half full of fluid, so discolored with blood as to look like blood itself. Don't be alarmed about this; you may assure your patient that it will speedily subside; and in the course of a few days, as in a case just discharged from the hospital, the urine becomes as clear as ever. You may give a little mucilage with liquor potassæ and tincture of hyoscyamus, and in this manner allay the irritability of the bladder.

If you should have much difficulty in passing the catheter, and especially if your patient lives a long distance from you, you may tie the catheter in, and leave it in for a few days. This plan is not usually adopted, but I am sure it is a practice more conducive to the safety of the patient than the constant renewal of painful efforts to pass the catheter night and morning. I don't much like to give opium in cases of irritable bladder from enlarged prostate. It may, however, be advisable to give it. It is not unfrequently given to the detriment of the patient, in cases where the bladder is irritable from over-distention; it tends to increase the evil, as it rather allays the irritation, and thus favors the increase of the accumulation. It may, however, be justifiable even in these cases, as where the surgeon is unable to pass the catheter, and is seeking further advice, as it is called; you may thus gain time, and the patient's sufferings being lulled by the opiate, the desire to micturate is not so urgent.

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I am anxious to make a few remarks to you on the subject of spermatorrhœa as frequently connected with prostatic irritation; and I do this the more willingly because it is a subject that surgeons do not much like to handle. They rather are disposed to repudiate it as unworthy of their consideration, the consequence of which is that the cases of spermatorrhœa fall necessarily into the hands of those gentlemen who largely advertise in the Sunday newspapers. These journals teem with advertisements bearing on this subject, and the attention of young persons is directed to this complaint, and they are led to suppose that they are affected with a disease of which many of them are wholly innocent. Spermatorrhœa is a disease, and ought to be studied, understood, and treated as such. You will find it quite amenable to treatment if this is carefully, and I may say, scientifically conducted. There is no disease which produces so powerful an influence on the mind as this. When a patient enters your room to consult you on the subject of spermatorrhœa, you understand him at once by a single glance of your eye. Don't imagine, however, that all are cases of spermatorrhœa which are supposed by the patients themselves to be so; nine-tenths of such patients are free from the disease altogether, and on inquiry you will find that the only complaint many have to make is, that perhaps once a fortnight they awake from their sleep with a seminal emission, and that this is wholly unattended with pain, and not followed by any inconvenience whatever. These are just the cases for the empiric. He first fosters and encourages the idea of disease, and then proceeds to cure a disease which really never existed. I need scarcely tell you that this affection is often merely an effort of nature to relieve herself.

I am satisfied in my own mind that in very many cases of supposed spermatorrhœa there is no emission of seminal fluid whatever. Such cases as those to which the following remarks are applicable are of this description; and they are exceedingly numerous. A patient will call on you, and with downcast eye or partially averted countenance, say that he is unfortunately the subject of spermatorrhœa, and that he is confirmed in his opinion by what he has read in books relating to this subject. You inquire into his case, and he tells you that whenever he makes water, it is always followed by a discharge of semen, and that this is especially the case when he passes a stool. You tell him that this is no decisive evidence of the escape of the secretion of the testes, but probably comes from the ducts of the prostate and the vesiculæ seminales. You ask him whether this discharge is accom-

panied with any sensation, and he answers, No. You are now confirmed in your opinion that he has no spermatorrhœa, for you may be quite certain that no emission of seminal fluid ever occurs without some sensation. You will find, however, that it is impossible to convince the patient that he is laboring under a delusion, and I do not advise you to appear to be too positive on the subject. As surgeons you are bound to tell the truth, and place the patient's case fairly and properly before him; and if he still remains unconvinced as to the true nature of his case, do not send him away, but tell him that you hope, nevertheless, by appropriate means, to be able to remedy the condition under which he labors. I always make a point under these circumstances to prescribe some mild tonic with a few grains of soda and ammonia, and I generally pass a fair-sized catheter, first to prove that there is no stricture, and next because it acts as a gentle stimulus to the urethra, perhaps causing a slight pain and the flow of a few drops of blood, which may divert the patient's attention from an imaginary evil to a real fact. I have found that in a very large number of these cases there is really nothing whatever unusual, and that the disease is altogether imaginary; while in a very few the whole malady, if so it can be called, consists in the escape of a small quantity of a slight glairy secretion, possibly mere mucus from the urethra; or it may be a little fluid squeezed, by forcing at stool, from the prostate gland; any of the true vesicular secretion is comparatively rarely met with. I recommend you, however, not wholly to repudiate the case; convince him of his error, if you can, but do not dismiss him as if you wholly disbelieved his statements, for he will still cling with obstinate tenacity to his own ideas, and will think that you are too ignorant to understand his case.

Now, these are also just the cases for the quacks; and such cases are of constant occurrence; I could enumerate many such.

I now call your attention to another condition frequently associated with the former, but frequently existing as a positive disease independent of it. I mean true spermatorrhœa, and nocturnal seminal emissions. I name them separately, although the latter is comprehended in the former term. But I have some doubt whether spermatorrhœa does often take place at any other time except during the night, and under the influence of, or accompanied by a dream. It, however, may happen under particular states of excitement at any time, and as a consequence of one or two conditions; that is, it may arise from trifling excitement, where great debility of the organs of

generation has resulted from masturbation; or in cases of excessive over-excitement, in a vigorous state of the parts. The remedy in both cases is simple enough, namely, abstinence from those causes which lead to the condition under consideration; in other words, avoidance of all excitement of the generative organs. The former is often referred to irritation of the prostate gland, and that part of the urethra where the seminal ducts terminate, namely, the prostatic sinus; and hence the employment of caustic to the part frequently affords effectual and permanent relief. This plan, coupled with the use of tonics and all means calculated to invigorate the system, is frequently all that is requisite for its cure. Nocturnal emissions are far more common. They are the cause of serious annoyance; and if they frequently recur, produce effects most debilitating to the patient. It is not my intention to go into all the symptoms resulting from this unfortunate state of things, but I must warn you not to attach too much importance to the occasional discharge of seminal fluid at night. Unless it often recurs, we may rather regard it as a relief to the system, than as constituting a very serious affection. Still, when once the mind of a patient is directed to it, it becomes to him a source of extreme annoyance, and he rushes blindly at once to those whom he supposes are capable of affording him immediate assistance. You must remember what I said before, that no diseases possess so powerful an influence on the mind as those connected with the organs of generation; and this need not on reflection excite our surprise, when we consider the universal sympathy between these parts and the body, as well as the mind, even in health.

Let me explain to you what I conceive to be the rationale of this condition. Nocturnal emissions occur almost invariably under the influence of a dream, and, as far as I can ascertain from the history of patients, are always accompanied by a sensation pleasurable or otherwise. I believe they never occur without exciting or being accompanied by some sensation. My inquiries also lead me to the conclusion that they generally occur just at the termination of the first natural sleep, and usually in the early part of the morning. They are, therefore, matutinal rather than nocturnal emissions. This is rather an essential point to understand, as you will see in the sequel. It is difficult to say whether they occur as the consequence of a dream, or whether they are of themselves the cause of the dream. My opinion is that in this regard they vary. I cannot go into a lengthened discussion as to the true nature of dreams. I believe that dreams

frequently originate in the mind in imperfect sleep as a consequence of the powerful influence upon the mind of some past event; and every one knows that dreams are readily excited by some physical impression; thus school boys excite to micturition by placing the hands of their school fellows in cold water during sleep. Now, in the case of seminal emissions, at least such as occur night after night, or morning after morning, I think it is the mental impression which excites the dream, and the emission is the consequence. The patient is always thinking of his condition; it haunts him day and night; he gets a habit of thinking of his state, and hence in a weakened state of parts the habit of secretion and emission is also attained. That dreams are also excited by an overcharged state of parts must be evident at once, and such dreams are also accompanied by seminal emissions. I need scarcely allude to the natural mode of relief in such cases—but even these cases admit of considerable melioration by suitable means. The phenomena of dreams constitute a most interesting department of psychology. I shall not enter into the subject here; it is admirably treated by the late Dr. Abercrombie, and has also been particularly elucidated by Lord Brougham in his Discourse on Natural Theology. In reference to our own subject, however, I may be permitted to allude to a well-attested phenomenon connected with dreams; I mean the rapidity with which, as Lord Brougham expresses it, a long succession of images passes through the mind with perfect distinctness and liveliness. In a dream, which occupies only an instant of time, a series of ideas relating to many events will frequently pass before us. The proof on which this assertion rests illustrates at the same time the fact that dreams generally happen just at the termination of sleep, and whilst, it may be said, we are half asleep and half awake.

I am certain that this is the case with dreams attended by seminal emissions; and it is a belief in the correctness of this assertion that has led me in very many instances to recommend a simple procedure, which often alone effectually puts a stop to those discharges. I could enumerate many cases in which, by simply directing a patient to rise early in the morning, and immediately after his first sleep, a discharge, to which he has been accustomed for many days and weeks in succession, has been wholly put a stop to, and has not recurred. I believe that the first sleep is always the soundest; and if this be so, the mind may best rest as well as the body, and no dreams occur; but if the patient indulges in a second sleep, the mind wanders, dreams take place, and that impression which weighs heaviest on the mind

gives rise to its own peculiar train of ideas, and hence emissions, etc. Surely this is no difficult remedy to pursue; it only requires a little resolution. It is conducive to health both of body and mind; and if it thus breaks a chain of association, attended with such unpleasant results, it certainly is well worth our deep consideration and trial. Indeed, I find no difficulty in getting patients to put it to the test, but after a time they frequently lapse into their old indolent habit, and are again annoyed by emissions, which, however, seldom recur with their wonted frequency, and sometimes wholly cease.

You must remember, however, that while you are submitting your patient to this moral regimen, as I may call it, it is desirable, for various reasons, to pursue some medical treatment, and I advise that you should pass a moderate-sized catheter twice or thrice weekly, and give a little conium at night, and a few grains of carbonate of soda, in any vehicle you please, say infusion of gentian, two or three times a day. I also generally advise a cold hip bath night and morning. This may be regarded as a very essential part of the treatment, and I have often found it successful when used alone.

I should be sorry to assert that this method of treatment will invariably answer. It certainly will not, but you will be surprised at its success in very many instances, and is therefore well worthy of a trial. If it fails, no harm results; but I think it will not fail, for the remedies or means now recommended are generally attended by an improvement in the general health, and are, therefore, most likely to result in the relief of a local disease; and surely this affection may be ranked in this category.

If the plan does not succeed, recourse may be had to the use of the nitrate of silver, which, concealed in a canula, is to be applied to the *veru montanum*, with a view to allay the irritability of that part of the urethra where the seminal duct ends; for you all know that irritation of the orifices of ducts will always lead to a flow of the peculiar secretion of the gland to which the duct belongs; a fact you may easily illustrate by touching with your tongue Steno's duct, by which a flow of saliva is at once excited. But I am bound also to tell you that the simple plan I have developed to you has in very many instances succeeded where the use of the caustic has wholly failed; and further, I must say that the caustic treatment is not wholly without risk, as I have known severe stricture to have resulted from its improper and indiscriminate use.

The subject I have just considered is not a pleasant one by any

means. It is usually consigned to the empyric; thorough-bred surgeons do not like to meddle with it. It is only for this reason I venture to submit my observations to you, and I am quite certain that attention to the circumstances I mention will amply reward your pains. You may be the means of affording relief in many cases of unusual difficulty, and you will be able thus to give satisfactory relief to the minds of those who really require very great commiseration. I do not enter into the subject very fully; I am only anxious to introduce it as an appendage to the few remarks I have made on the prostate gland, and no doubt the disease in question is most intimately associated with the prostatic part of the urethra.

[From the Peninsular Journal of Medicine.]

**The Position of Homœopathy in Europe and European
Medical Schools.**

By H. S. FRIEZE, A.M., Prof. of the Latin Language and Literature in the
University of Michigan.

We publish with great pleasure the following article from the pen of Prof. Frieze, a highly intelligent and entirely unprejudiced layman, of the most unimpeachable integrity and candor, and who, it seems, by request made as careful an investigation of the condition of homœopathy in Europe as a fifteen months' tour and sojourn there would enable him to do. His familiarity with the modern languages of the continent, as well as the ancient classics, together with his high character as a gentleman and his position in an American University, gave him access to all the most reliable sources of information; and no one who is acquainted with Prof. Frieze, and has any knowledge of the faithfulness with which he pursues any investigation which he undertakes, will for a moment question the thoroughness of the inquiry or the correctness of the description which he gives.

By a careful perusal of the communication, which will sufficiently explain itself as to its origin and the manner in which inquiries were made, our readers will be able to judge of the present condition of this system in Europe, and of the truth of many statements which have been made by interested partisans, of its high position and great popularity in the region of its origin.

Prof. Frieze, we presume as a matter of convenience, uses the word "allopathic" as designating regular physicians, in accordance with popular usage and the definition of the term in some of our medical dictionaries, but in opposition to what we regard as its true signifi-

tion, or rather not in accordance with its inapplicability to true physicians, who are bound by no exclusive system of practice, such as this restrictive name would imply.

We commend the article as containing by far the most reliable information on the subject, of any document with which we are acquainted. It contains many points which no other production within our knowledge alludes to, and is therefore of peculiar value.—*Eds. Peninsular Journal.*

UNIVERSITY OF MICHIGAN, Sept. 15, 1857.

PROF. SAMUEL DENTON, M.D.,

Dear Sir—In compliance with your request and that of the other members of the Medical Faculty of the University of Michigan, I embraced such opportunities as presented themselves, during my recent visit to Europe, to obtain information on the present standing there of the homœopathic system of medicine. You desired me to obtain such general information on this subject as might be valuable, and in particular to ascertain whether any Universities, public hospitals, or government institutions, have introduced or authorized the teaching or practice of homœopathy.

I was enabled, partly by personal inquiry and partly by correspondence, to ascertain the facts in regard to nearly all the particular institutions and places to which you directed my attention, the only important exception being the University of St. Petersburg. And connected with this local information, facts of a more general character have been elicited, relating to the present position and success of the homœopathic practice on the continent.

I often conversed freely with physicians of both schools, informed them what my purpose was in making these inquiries, and that a measure was then under discussion for the establishment of a homœopathic chair in the University of Michigan. On this point it is needless to say that the allopaths were unanimous, and that they thought such a measure would be decidedly detrimental to the medical school, without advancing in the least the cause of homœopathy. The homœopaths also expressed themselves with entire frankness on this subject. Some of them had already heard of the movement, and had reflected upon it with deep interest. Their opinions differed. Some considered the plan impracticable and likely to injure both systems; others thought it absurd to think of founding only *one* homœopathic professorship, saying that one was worse than none, as it would be incapable of doing justice to the system; others, again, thought the

measure, if carried into execution, would be without any important results, either favorable or unfavorable, whether to one system or the other. These views I will refer to more particularly below.

I may remark that the conversations I listened to on the claims of homœopathy were generally characterized by a liberality and candor on both sides, which I had not been accustomed to, and which, considering the acerbity which has often attended the controversy, I was not prepared to expect.

In regard to the relations of homœopathy to the European governments, it is generally true that it is so far sanctioned by the public authorities that its physicians are everywhere licensed to practice it, after having sustained the regular examinations in the *allopathic* school, and obtained the regular degree of M. D. Their pharmacies are also licensed in all the principal cities. I have ascertained but one instance, however, in which homœopathy has been officially patronized by the public authorities. This occurred at Naples during the last visitation of cholera there (1854), when the cholera patients in one of the public hospitals were committed to the exclusive charge of Dr. Rubini, the most eminent of the homœopathic practitioners in that city. The success of the practice on this occasion is certified in a printed report by the governor of the hospital, Nicola Forni. So far as I have been able to learn, no other government in Europe has authorized the practice.

The report in relation to the public hospitals of Vienna is an error, which probably originated in the fact that the homœopathic practice has been employed in a private hospital of that city, belonging to the Roman Catholic Charitable Society of the "Grey Sisters." This statement was made to me by Dr. Hirsch, a homœopathic physician of Vienna of fifteen years' standing, who assured me that no practitioners of his school were employed in the public hospitals of Vienna. The homœopaths have established hospitals of their own in several countries on the continent, as well as in Great Britain.

On the whole, so far as concerns the European governments, from what I have stated, as well as from the letters and conversations quoted below, you will draw the conclusion that the homœopathic system has not been promoted by them, but on the contrary, that their influence has been against it, the governments of Naples and (perhaps) Russia being excepted. But many individuals high in rank and authority, and some of the princes and nobles, are numbered among its patrons. In Germany the homœopaths complain that they

labor under serious disadvantages from the untoward influence of the public authorities.

You ask, "what is the position of homœopathy in the Universities?" In regard to the reports published about homœopathic professors in Universities on the continent, Professor Henderson, of the Edinburg University, a warm advocate of homœopathy, remarked to me that those reports for the most part are unreliable; and the facts, ascertained by careful inquiry, fully justify his remark. There is one University in which there is an "Honorary Professor" of Homœopathy. This is the University of Munich, and the Professor referred to is Dr. Joseph Buechner, whose title and employment, according to the catalogue, are: "*Professor Honorarius; Specielle Arzneimittellehre*"—Honorary Professor; the teaching of special Materia Medica.

You desired me to learn in regard to this gentleman: 1st. By what influence he was appointed? 2d. Did the members of the medical faculty approve of the appointment? 3d. Has he full rank as a Professor? 4th. Is he respected by them and by other scientific men? 5th. Is it obligatory upon students to attend his lectures? 6th. Must they be examined in his department in order to obtain a degree?

My answers to these inquiries are from the venerable Dr. Ringseis, Dean of the Medical Faculty, and, at the time of my visit, Rector of the University.

1st. The appointment was made to gratify the private preferences of one high in rank and authority. 2d. The medical faculty, so far from approving, was not consulted in the appointment. 3d. He has not full rank, has no voice in the faculty, and no salary from the University. 4th. His respectability as a physician is not questioned. 5th. It is not obligatory on students to attend his course, and the number of those who attend voluntarily is exceedingly small, not more than three or four. 6th. No examination in homœopathy is prerequisite to a degree.

You desired me also to make the inquiry, whether any medical Professors in the European Universities, besides that of Munich, were friends of homœopathy, and whether they lectured upon it or practiced it, though not appointed as Professors of Homœopathy? In answer to this question, I have to say that all the physicians of both schools with whom I spoke on this subject, agreed in the statement that there were no Professors, or they knew of none at present, in the Universities of France, Germany, or Italy, who were believers in

the homœopathic system. Among my authorities on this point, I may mention Dr. Bicking, the first homœopathic physician in Berlin, Dr. Fielitz, homœopathic physician in Brunswick, and Dr. Hirsch, homœopathic physician in Vienna. Dr. Bicking informed me that Professor Martin, in the University of Jena, of whom you made mention, was no homœopath, but that he explained in his lectures the homœopathic treatment.

It should be remarked here, that the homœopathic practitioners themselves are generally not well acquainted with the statistics of their school in Germany, and that a homœopathic guide for Germany is for the first time about to be published by Dr. Von Heger.

In the Universities of Italy, homœopathy receives no countenance at present from any of the medical Professors. This information is derived from prominent practicing physicians, both allopathic and homœopathic, in Naples, Rome, and Genoa.

Dr. Rubini, the distinguished homœopathic physician of Naples, says that Professor Quadrie, mentioned in the London Homœopathic Journal, has been several years deceased; that in his University lectures he was in the habit of speaking on homœopathy, though he was Professor of Ophthalmic Surgery. Since his death no Professor has introduced the subject of homœopathy into his lectures, and no one at present favors the system.

Dr. Pantaleoni, one of the most eminent among the regular physicians at Rome, in reply to my inquiries, writes as follows:

“The practice of homœopathy is tolerated, (by the Roman government,) although it has never been publicly approved of. A homœopathic pharmacy has been opened this year, and that with the consent of the government. Not only it does not prevail among the Romans, but is generally laughed at. No Roman physician of any scientific or practical reputation has adopted it. Four or five young, or yet unknown, medical men have introduced it. Although two of the Secretaries of State in succession (the most powerful and influential) were devoted to homœopathy, it has never been introduced into the hospitals or the army, nor into any charitable institutions, nor professed by any one in the University or in public institutions.

“Several of the most distinguished and richest families have employed a foreign homœopathic physician, and are enthusiastically attached to homœopathy.”

In regard to Genoa, as I had no opportunity, when there, to visit the University, our gentlemanly Consul at that port, A. Herbmont,

Jr., Esq., made the inquiry you desired, and addressed to me the following note:

GENOA, *August 8, 1856.*

Dear Sir—In answer to yours of the 29th, I beg leave to state that I have made inquiries of a practicing physician of standing at this place, and learn that there is no Professor in any College of Sardinia who is in favor of the homœopathic system.

There is in Genoa a homœopathic pharmacy, and there are also practitioners here of homœopathy, but none connected in any way with the University or public Colleges.

Very respectfully, &c., A. HERBMONT, JR.,
U. S. Vice Consul.

So much in regard to the institutions of Germany and Italy.

In addition to this, you request me to learn something about the professors alleged to be friends of homœopathy in the Universities of Barcelona and Edinburgh.

I made no visit to Spain, but addressed a note to Dr. Folch, Dean of the Medical Faculty of the University of Barcelona, from whom I received a very courteous answer. This is the only information I obtained from that country. The writer declares himself as holding the system of homœopathy in much esteem, and represents that he has practiced it on many patients with good results; but that he is not an exclusive homœopathist, regarding himself as a true eclectic. He expresses his belief that "Medical Science should study this system and compare it with others which have presented themselves."

As to the facts respecting the teaching of the System, he says that none of his colleagues advocate homœopathy since Dr. Felix Janer left the University in 1845, who, for two years preceding that time, gave public lectures upon the subject, in his Chair of "Clinica Interna" in the institution. Dr. Janer is now in the University of Madrid, and is represented as a strenuous supporter of the System, though he does not lecture on it in consequence of the position of the government. Dr. Folch's letter proceeds to state that the supreme government has ordered that all professors in the Universities of Spain shall confine their lectures to the subjects contained in the text-books designated by itself, and that no work on homœopathy is designated as a text-book; hence no lectures are given upon the subject in any of the schools. He further says, that "homœopathy is practiced in Barcelona by several physicians, among whom is a Professor of An-

atomy, and secures much favor among respectable classes, and prevails to a considerable extent among the lower orders; that the physician of a provincial hospital employs it with good success, and that there are others who practice the system in nearly all the principal towns in Spain."

From this account, homœopathy appears to be better regarded in Spain than in any of the countries of Europe which I visited, and where I had an opportunity of obtaining information by observation and from a variety of sources.

In order to meet your inquiries in regard to the University of Edinburgh, when in that city I called upon several physicians, and among others, upon the distinguished Professor of the Pathology in that University, Dr. Henderson, who embraced the views of the homœopathic school some time after his appointment to his present chair. Professor Henderson applies the homœopathic system to his private practice, except that in extreme cases he resorts to bleeding. In his lectures, however, he has neither the disposition nor the opportunity to introduce the subject. No other medical professor in Edinburgh is known to be a believer to any extent in homœopathy, excepting Dr. Gregory, Professor of Chemistry, who is not a practicing physician, and has no occasion to mention homœopathy in his lectures.

The allopathic physicians and professors of Edinburgh say that Professor Henderson would be removed where he to teach homœopathy, and the fact of his adopting that system in his private practice has injured the reputation, and proved detrimental to the prosperity of the Medical School. The homœopaths, on the other hand, affirm that the number of students has increased, though Professor Henderson does not think that that circumstance has any connection with his private views and practice, or that these affect the institution in any way. Dr. Henderson is regarded by the faculty as a man of superior talent and acquirements.

Dr. Henderson remarked to me that he had reflected much on the proposed homœopathic chair in the University of Michigan. "He would not recommend the introduction of a Professor of Homœopathy into an allopathic school; he regarded the teaching of the two systems in the same faculty as an impossibility, because they are antagonistic, and the one must destroy the other. Nothing, in his opinion, would meet the views of those who desire to establish professorships in homœopathy but the institution of separate and independent colleges."

This opinion of Professor Henderson differs somewhat from that of Dr. Bicking, of Berlin, who, in speaking on the same subject, did not express himself as opposed to teaching both systems in the same institution, but to the idea of founding only one professorship; which he thought would do more harm than good to the cause of homœopathy.

After the statements I have already made, it is hardly necessary that I should say anything in relation to the general standing and success of homœopathy in Europe, as that can be readily inferred from these statements. Its success has been widely different in different localities. Dr. Folch's letter, as before remarked, shows that it enjoys a higher position in Spain than in any other country. Elsewhere on the continent, the system is generally regarded by scientific men, except by its own practitioners, as having no claim to be ranked as a science, or as a department of medical science. The homœopathsists themselves, however, are generally respected even by those who scout their system; for they are almost invariably, and indeed of necessity, men of thorough education in the science of medicine, and I remember no instance in which they were not individually well spoken of by their opponents.

As to the extent of their practice in the principal cities of the continent, I learned that the number of their physicians in Paris was about seventy-five, and about the same in Vienna. In Munich the number is about forty, in Naples eight, and in Berlin still less.* In the smaller cities the popularity of the system is equally variable.

In conclusion, I must apologise for the meagreness and imperfection of the information I have gathered, and beg you to attribute that fault to no want of interest in satisfying the wishes of the medical faculty, but to the limited opportunities afforded by a rapid tour, and a brief residence on the continent, for obtaining information on a subject which covers so much ground, and involves such a variety of details, and which, at the same time, has been so little investigated hitherto.

Very truly and respectfully yours,

H. S. FRIEZE.

* We have not before us the number of medical practitioners in these various cities, but in nearly all civilized countries there is at least one physician to every thousand inhabitants. Taking this ratio as a basis, there are over 1000—perhaps 1100—medical men in Paris, and between 400 and 500 in Naples. In Paris, then, there is one homœopath to from 13 to 15 physicians; and in Naples, one to about 60; and the proportion in the smaller towns will be found to be much less still.

[The following is too good to be lost.—*Ed. Am. Med. Gaz.*]

LITTLE SHORT OF MANSLAUGHTER.

That moribund humbug, Homœopathy, only waits the upstarting of some fresh delusion to give the *coup de grâce* to its lingering existence. Of the homœopathic hospitals established everywhere with such vast parade but a few years ago, not one has maintained its position. Some are shut up altogether, whilst others have dwindled into miserable little dispensaries, sadly straightened for means to purchase even the remedies which are reputed so cheap. For cheapness is one of the arguments (and some think it the best) urged in favor of Hahnemann's system. Hand-labor is the chief expense; for, since the fifteenth dilution of a grain (quite a moderate extent of manipulation) involves a mass equal to sixty-one globes the size of the earth for a diluent, the actual expense of the remedial material could not be very great. Hence it is a marvelous mystery what can be the contents of those cases daily advertised at prices varying from \$10 to \$15 each, accompanied by books of directions which cost from 25 cents to four dollars. There is scarcely a newspaper, (published for the enlightenment of the public, and to uphold the dignity of the press,) in which such advertisements may not be found in stray corners. It is evident that somebody buys the books and boxes. And it is, moreover, unfortunately true that every purchase thus made involves the condemnation of certain harmless sufferers to swallow the little useless sugar-plums sold at these exorbitant sums under the misnomer of medicines. For the victims are usually the poor feeble-minded clergymen with homœopathic predilections, and foolish old women are chiefly the purchasers of the rubbish. They addle their weak brains with perusals of the books, written by a person described as J. Laurie, M.D., and announced to be "devoid of all technicalities." Then they undertake the treatment of the sick-poor whose ill-chance it is to fall within their reach. Now, this is a proceeding which requires some decided check. The success of homœopathic practitioners is entirely to nervous folks, whose only ailment is laziness; and to dyspeptic people, who suffer from over-feeding or wrong feeding. With such persons, careful adaptation of diet and exercise will apparently work wonders. And in his knowledge of these things are comprised the only really serviceable weapons of conscientious homœopaths—for of these, we believe, there are a dwindling few—whose positions and relations are like the numerals which represent their own doses; one figure of little value

followed by a perfect battalion of cyphers. No medical man will be inclined to envy them the guidance of those perversely foolish virgins who swallow their globules and small-talk; or those slaves of the stomach, who live to eat, and are only kept in health by being told what to eat. But that people without more knowledge than is to be acquired from these homœopathic books, advertised for "families, emigrants, missionaries," should be allowed to waste the time, and often thus sacrifice the lives, of the sick and helpless and ignorant by administering the contents of a homœopathic nostrum-chest, (price \$25,) is little short of sanctioned manslaughter and unjustifiable homicide.—*American Druggists' Circular.*

[From the Virginia Medical Journal.]

Defence of the University—Objections to Union.

It is freely admitted that the education of a medical student cannot be completed at the University. An immense majority of the members of the medical class attend one course of lectures without graduating, and then matriculate for a second term in some of the city schools. Even the few graduates never think of passing at once into the practice of their profession, but always visit some of the larger cities, in order to prosecute clinical studies for a greater or less length of time. You appear to consider this an inconvenient and objectionable arrangement. Not thus thought Mr. Jefferson, who actually proposed to establish at Norfolk a clinical department in connection with the medical school at the University. In all the great medical schools on the continent of Europe there is a virtual separation between the elementary and the clinical departments, which are respectively under the charge of separate and distinct professors. Mr. Jefferson had inspected the most celebrated of these schools, that of Paris, and well knew that though clinical medicine was there taught to perfection, it was *not* taught in connection with the elementary lectures, and that *the students did not enter the hospitals until they had ceased to attend the lectures on the elementary branches of medicine*; so that if the school for elementary instruction had been located elsewhere, and the students had come to Paris only for clinical instruction, the result would have been the same. And in fact this is precisely the course pursued by hundreds of foreign students in Paris. They get their elementary medical education at home, and then visit Paris to pursue clinical studies. A few Americans, under

the vague idea that the Parisian school is the best in the world, have gone to that city to commence their medical studies, but in almost every instance they have found it wiser to return home, and to revisit Paris at a later stage of their studies.

Certain persons who, for selfish motives, have advocated the removal of the medical department of the University to Richmond, have absurdly contended that the student should have an opportunity of testing the truth of the theories taught in the lecture room, by observations at the bed side, as if any respectable teacher of medicine was in the habit of teaching theories so transparently false that a mere tyro could at once set them aside.

You, Mr. Editor, have never been guilty of prostituting your pages by so contemptible an appeal to the ignorance of youthful candidates for admission into the ranks of the profession. And yet as the appeal is made by others in advocating a scheme which on other grounds you defend, you will pardon me for referring to it in this connection. In the best medical schools of Europe now, as in Mr. Jefferson's day, a very different opinion is entertained as to the fitness of the first-course student for studying disease by the bed side. Thus, one of the most zealous and uncompromising advocates of the reform of our system of medical education, while contrasting our defective American system with that of the celebrated medical schools on the continent of Europe, makes the following statements:

“ At Vienna, Berlin, and Paris, besides the few practical branches to which our instruction is almost exclusively confined, the student in one or the other of these cities is obliged to learn botany, zoology, mineralogy, general anatomy, comparative physiology, the history of medicine, general pathology, pathological anatomy, surgical pathology, medical physics, medical jurisprudence, hygiene, general therapeutics, and clinical medicine. But the lectures on these various branches are not all delivered at the same time, nor to the same classes. The first year of the course is devoted exclusively to anatomy, physiology, and the other fundamental departments of the science. In the following one, special pathology and its adjunct therapeutics form the principal subjects of the lectures, and IT IS NOT UNTIL THE STUDENT IS THOROUGHLY VERSED IN THE THEORY OF MEDICINE AND THE PRINCIPLES OF THE MEDICAL ART, THAT HE IS TAKEN TO THE BED SIDE TO WITNESS THEIR APPLICATION. In most of the continental schools, the last two years (out of four) of the course are chiefly occupied with clinical medicine.”

Let it be observed, that the practical “ application of the principles

of the medical art" is made at the bed side by clinical teachers, who have no part in the previous work of elementary instruction. And this feature is justly regarded as one of the crowning merits of the continental system. So that the enlightened advocates of reform in Great Britain are striving to set aside the cumbrous machinery belonging to the close corporations of that empire, in order to imitate the better system of their neighbors. Thus Mr. Surgeon Wilde, in his work on Austria and its institutions, after giving an account of the system of medical education, and indicating its merits, presents, as a painful contrast, the defects of the English schools, and uses the following language:

"Again; in the order (if the term can be so applied) of these studies, *hospitals and practical subjects are attended to long before their theory has ever been learned. Here the pupil really walks the hospitals without acquiring a definite knowledge of any one thing; he witnesses operations, of which he neither understands the rationale nor the cause, except by his grinder, during a few months' hard study, prior to his examination, the result of which more frequently depends upon his memory than his practical knowledge.*"

This plan of making clinical instruction *follow* instead of *accompany* elementary teaching, is so obviously the natural and effective plan, that all our better students adopt it in spite of the absurd attempts of the schools to impose upon them a different system. Who does not know that all who really get clinical teaching at all, get it independently of the schools, and generally, nay, almost invariably, after graduating?

Your correspondent alludes to the "clinical sham" of the northern colleges. He is fully justified in thus characterizing it. But why or how it is to be less a "sham" when practiced in Richmond, I cannot for the life of me see. Whatever school undertakes to teach clinical medicine to first-course students, perpetrates a "sham" on the college, northern or southern. Whatever college undertakes to give clinical instruction to a large class of students, must of necessity fail to fulfill its purpose. Clinical teaching can only be given at the bed side, and from the nature of things can never be given effectively to more than twelve or fifteen persons at the same time. The attempt to do more must always result in a mere "sham," whether practiced in Philadelphia or in Richmond.

It appears, then, that a complete medical education includes two distinct stages: first, instruction in the elements of medical science and

the principles of the medical art; and, secondly, "practical instruction at the bed side." The medical department of the University is admitted to have more than fulfilled the promises of its founders in respect to the first, and does not profess to touch the latter, but sends its very few graduates to the best sources of clinical instruction in the Union, and some of them to Europe. The American city schools absurdly profess to give both elementary and practical instruction, and in the attempt to combine the two under one set of instructors, delivering the same lectures to first and second course students, fail to do either effectively.

Clinical Teaching and Sectionalism.

Extract from Prof. BRECKNELL's Lecture in the New Orleans School of Medicine.

The American Medical Association has insisted that a greater amount of hospital instruction is indispensable to the student of medicine. This has been the point more strenuously urged, perhaps, than any other; we think it more than reasonable; we have adopted their views, and we are willing to leave the decision even to our enemies (if we have any), whether we do not afford greater advantages to our pupils in this respect than any other school in the land. Six, out of ten, of us give *daily* bed-side instruction in the Charity Hospital, and the remaining members give tri-weekly dispensary clinics at our Free Dispensary under this roof, where an average of one hundred patients a week present themselves for treatment. Indeed, such is the proximity of the Charity Hospital, that *all* our patients, numbering hundreds, are right here at our very door, and our pupils do not have to travel miles, or even cross rivers, in their visits to the sick.

Does any other school in the land do this? We desire to draw no invidious distinctions, but we have assumed a virtue, and it is our privilege, our right—or our duty, if you will—to prove that we have it, by all the strength of truth. And yet I will not compare our Institution to those around us, and which may be considered our honorable rivals; but we will travel far from home, and dare a comparison with schools located in the so-called "Medical Metropolis" of our country. We will go with you to Philadelphia, the hitherto fashionable resort of Southern students, and we will have the boldness to place ourselves beside the time-honored University of Pennsylvania, and the gigantic Jefferson. Surely these Institutions will

not object to the comparison. The classes of these two schools amount, in the aggregate, to at least nine hundred pupils. What are their facilities for hospital instruction? Every man who has ever pursued the study of Medicine in Philadelphia, knows that the old Pennsylvania Hospital is the grand rallying point—it is the all in all of our Philadelphia brethren, in the way of “hospital advantages.” Yet who does not know that the Pennsylvania is, and always has been, in the hands of the friends of the University, whose Faculty control the clinical advantages, and that the “ticket” furnished gratuitously to students of other schools is a mere nominal privilege? I quote from the late announcements of the University and the Jefferson, to prove that in Philadelphia, so far from the student being afforded facilities for daily bed-side instruction—the very best he can possibly seek—he goes but twice a week to the Pennsylvania Hospital, and there seats himself in a crowded amphitheatre—a room not capable of holding more than one-fourth of the students who flock to that city—to listen to abstract lectures on patients who are brought into the room, it is true, but on whom the sense of sight alone can possibly be brought to bear. The University announcement says:

“The Professor of the Theory and Practice of Medicine, whilst conducting the Course in the University, also lectures, twice a week, on Clinical Medicine in the *Pennsylvania Hospital*, during his term of service as Senior Physician to this Institution.

“The Surgeons of this hospital perform similar valuable Clinical service in connection with the branch of Clinical Surgery.”

The Jefferson announcement says: “The hours of attendance at the Clinic of the College are so arranged as to permit the students to attend every Wednesday and Saturday the Clinic held at the Pennsylvania Hospital. The Course adopted in that Clinic is the same as at the Clinic of the College. With so large a class in attendance, it is impracticable to visit the sick from bed to bed, and hence, on the days named, the patients are brought into the amphitheatre, and there treated and lectured on.”

So that, in the winter season, when twelve hundred students are collected in Philadelphia—hundreds of them from the South—amphitheatre Clinics, twice a week, at the College and in the Pennsylvania Hospital, constitute the much-vaunted “Clinical advantages” of the “Medical Metropolis” of our country! There are no opportunities for studying disease at the bed side, except in the summer,

and we all know how few of the twelve hundred are to be found there after the lectures close in the spring.

But what a very farce is this system of amphitheatre Clinics, when compared to daily bed-side observation of disease! It is all well to introduce surgical cases before students in this way, when you intend to operate, for then it is the sight alone that is to be brought into play, and the amphitheatre affords the best opportunity for the whole class; but to properly comprehend the true nature of the affection, even in these cases, it is necessary that the student should have seen the patient previously in his bed. What shall we say, then, of the Clinical Lectures in Philadelphia on the Practice of Medicine? Do they take a patient who is laboring under pneumonia, or pleurisy, or enteritis, or any of the acute and dangerous diseases—do they take him, I say, out of his bed and carry him into an amphitheatre, and there lecture on him? Or, rather, does not every dictate of humanity, every duty which the physician owes his patient, forbid any such unwarrantable disturbance and exposure? Or even if such patients were thus rudely served, does the student who listens to the lectures feel the pulse, or auscult and percuss the chest? Does he have any opportunity of *practicing* the *art* of his profession? Why, gentlemen, I have seen a learned professor deliver one of the most interesting lectures imaginable on the sick man, who sat by him in the amphitheatre, and then find that he had been lecturing on the wrong patient.

The truth of the matter is, these amphitheatre clinical lectures, with the exception of their adaptation to surgical operations, and the exhibition of some of the more palpable external phenomena of chronic disease, are the medical humbugs of the age. Imagine the professor, with the cadaver before him in an amphitheatre, demonstrating the *pathological* condition of the organs! Or imagine him *exhibiting* to the class a case of cataract, or a fistula lachrymalis! Cannot a man with half an eye perceive that the system is rotten to the very core?

But leave the gate of the Pennsylvania Hospital, which I have shown to be utterly incapable of accommodating the crowds of students who flock to Philadelphia, and where in that city will you point me to another hospital fitted and devoted to the purposes of the student? There is not one. The much-vaunted Blockley is the only other establishment which pretends to offer any advantages. It is large and accommodates many patients, but it is at least three miles away from any school, and is across the Schuylkill River; indeed it is

utterly inaccessible to the student who attends lectures. I have tried it, and I speak knowingly.

If, then, as the Jefferson Circular says,—“with so large a class in attendance, it is impracticable to visit the sick from bed to bed,” and even when driven to their amphitheatres for clinical instruction, we find the crowd in Philadelphia too great, what sane man will compare their advantages for clinical instruction with ours? There they have three or four physicians and surgeons, who are all directly or indirectly connected with the University, to deliver amphitheatre clinical lectures to twelve hundred students twice a week: here we have six, out of ten, of the professors in our institution alone in possession of ten or twelve wards, with our class divided amongst them, and visiting the sick every day of the week at the bed side itself; and the lecture hours are so arranged that the student has the privilege of walking this vast sick house during $2\frac{1}{2}$ hours of each day, and may thus make the visit with several different professors every morning. Here there is no occasion for a rush and a squeeze: such is the praiseworthy liberality of the hospital regulations, any and every student, who properly demeans himself, may visit any patient in advance of or after the teacher, and thus quietly and profitably pursue the investigation of disease. I do not hesitate to assert, then, that New Orleans is this day capable of affording more clinical advantages to a larger number of students than any city in the Union. It will not do for men who have never been amongst us to deny this: all they have to do is to come and look, and they will give it up. I have personally visited all the larger Northern cities, and I speak without fear of successful contradiction.

If there be one amongst you, however, who imagines that by this comparison I desire to detract one iota from the full measure of praise universally accorded our Philadelphia brethren, let him at once rid himself of the impression. I have not words with which to express the high estimation in which I hold the noble spirits from whom I derived my medical education: no man ever heard me utter one word derogatory to such men as Chapman, Wood, Horner, Gerhard, Norris, Meigs, and a host of others; but the day has arrived when the medical men in the South must awake to the fact that the lecture rooms of these worthy men are crowded to such an excess, that it is no longer a matter of doubt that the Southern student of medicine, who goes North, leaves behind him advantages far greater than he can possibly meet with there; and this is a sufficiently weighty argument in favor

of home patronage, without reference to the even more important truism, that the student who intends to practice in the South should be conversant with Southern diseases.

But it has become fashionable, gentlemen, for us Southerners to be charged with "Sectionalism" the moment we open our mouths, either in favor of the advantages which we know we possess, or against the suicidal course pursued by our population, of running to the North for the very things we have amongst ourselves in greater profusion and of better quality. The cry has been sounded long and loudly, and even medical men have now come under the ban. Now, I believe I am possessed of a full share of patriotism, I believe I love my whole country as fondly as an American can or should love; and with all the enthusiasm I may exhibit in favor of my home, I can freely declare that I have no grudge against our neighbors of the North, nor would I willingly detract one iota from the full meed of praise due them in every way; yet such is the fashionable cant of the day, I believe I shall be charged with sectionalism for the comparison I have drawn.

But what of this? If to love one's own home more dearly than we do our brother's; if to think the woodbine which creeps o'er the doorway of our little cottage blooms forth sweeter fragrance than all others; if to prefer our own glowing, genial Southern sun to the icy breath of Boreas; if to compare our condition with that of others, and, by the comparison, to become more content with our own; if to exert ourselves by all honorable means to excel even our brother in cherishing and developing the resources by which we are surrounded; in fine, if to search out the blessings which a great and a just God has showered on us, and, having found them, to labor to enjoy them; if all this be the hated "Sectionalism," then is sectionalism our banner, and it shall be planted on the topmost brick of this edifice, and on it shall be inscribed in letters of living light—Home, Progress, and Reform!

CHOLERA.

This fell disease has once more made its appearance in England; and there can be no doubt, if it be true to its antecedents, that it will visit the shores of America during the course of the approaching summer. Should it do so, it will again find us unprepared, and the usual mortality and panic will be the result. Six months previous to the outbreak of the cholera of 1854, we warned the authorities of its

approach, and urgently advised the adoption of measures calculated to arrest its progress and disarm it, in a measure, of its power. Our warnings, however, were unheeded, and a mourning community were insulted by the solemn mockery enacted by short-sighted and incapable officials, in the great activity displayed to check the progress of an epidemic which had gathered its victims, expended its power, and was already rapidly on the decline.

During the week ending Saturday, October 17th, there were registered in London four deaths from cholera and choleraic diarrhœa; whilst in the West Ham district there occurred seven deaths from the same diseases. During the week ending October 24th, six deaths from cholera and choleraic diarrhœa were registered. It is to be hoped that these cases are merely sporadic, for not a year passes without a few deaths from cholera occurring in London. Some of those recorded, however, appear to bear an epidemic character.—*Montreal Med. Chron.*

[From the Boston Med. and Surg. Journal.]

The Duties of State Assayers in relation to Quack Medicines.

The newspapers are constantly puffing quack medicines, whose innocuous or beneficial effects are certified to by State Assayers. One of the most unprofessional of these certificates accompanies the Peruvian Syrup. Whatever the wording may be, the readers of quack advertisements infer, from its tone, that the Peruvian Syrup has virtues which are not possessed by the citrate, tartrate, lactate, and other preparations well known to the profession. There is a common idea in the public mind, that the tincture of chloride, and iron rust, are the forms in which iron is given, and that this certificate is in favor of a substitute for those exceedingly disagreeable preparations. To the profession at large, the Peruvian Syrup is a secret remedy, and as a secret remedy it does harm. Is not the certificate in favor of such irregular practice?

Every paper that comes to your door contains a State Assayer's puff for somebody's Bourbon whiskey. Can a State Assayer's analysis show the difference between Columbia and Bourbon?

Green's mixture of cinchona and sulphuric acid used to bear an assayer's certificate, if it does not now; an irregularity which, in any other State, would subject him to trial before the medical association.

It has been reported quite extensively, that a State Assayer's duties under the law require that he should give a certificate of the

composition of any article brought to him for examination. The only statute which I can find (there may be others) in the Massachusetts laws, alluding to the duties of that office, is as follows:

"§ 1. *Be it enacted, &c.* The Governor, with the advice and consent of the Council, may appoint one or more suitable persons to be assayers of ores and metals, who shall be sworn to the faithful discharge of their duties.

"§ 2. It shall be the duty of each assayer to assay such ores and metals as may be offered him for assay, and to give a certificate thereof, for which service he shall be paid a reasonable compensation by the person procuring such assay to be made.

"Approved March 18th, 1846."

It must be under the provisions of some other Act that the assay of Bourbon Whiskey and Peruvian Syrup come, but I cannot find it.

The object of making the office doubtless was, to encourage the working of valuable mineral deposits, which were known or supposed to exist in various parts of the State. The manufacture of quack medicines is a branch of industry, probably, not in the view of the Legislature of 1846.

C. E. B.

Arrests for Disinterment of Dead Bodies.

The newspapers have lately given an account of the arrest of the City Sexton, and also a medical student, in Chicago, for unlawfully taking bodies from a cemetery in that city. It appears that the student has since been discharged, and the sexton held to bail. No little excitement, it seems, has been caused by the affair, and regrets were expressed in the *Chicago Daily Tribune* that the offence had not been made punishable by imprisonment in the penitentiary. In regard to this expression, as well as to the whole subject, an able letter was addressed to the editors of that paper, and is copied into the last number of the *North-Western Medical and Surgical Journal*. The writer views the matter in a plain, common-sense light, and shows that, legally, even without the penitentiary penalty, the profession in Illinois "are placed very much in the condition of the Israelites in Egypt, when they were required to make the full number of bricks daily, but denied the straw or materials necessary to make them of." Instead of increasing the penalty, the writer urges the passage of a law like the one lately enacted in New York, and, he might have added, long before enacted in Massachusetts, by which dead bodies in poor-houses, &c., not claimed by friends, are given up for dissection. —*Boston Med. & Surg. Journal*.

EDITOR'S TABLE.

OUR NINTH VOLUME.—THE NEW YEAR.

The present number for January, 1858, commences the ninth volume of the *AMERICAN MEDICAL GAZETTE*, its publication having begun in 1850.

In saluting our readers, many of whom have been such from the beginning, we are happy to assure them that this Monthly Journal has prospered beyond all expectation, and was never more successful than at present. It will be continued on the same liberal and independent principles as heretofore, being still free from any entangling alliance with any school, hospital, party, or clique, while eminently kind and just to all. No individual or sectional preferences will ever embarrass our labors, which will be directed to the advancement of the whole profession of our country, by impartially awarding merit wherever it is due, irrespective of the locality in which it may be exhibited. Such course can alone consist with our national title.

Regarding the great American Medical Association, and its admirable Code of Ethics, as the basis of our State, County and City organizations all over the land, this Journal will ever aim to co-operate with and sustain that National Congress of Physicians in its legitimate efforts to encourage medical science, to improve medical education, and to overthrow quackery.

As heretofore, the editor will provide his readers with a monthly compend of everything new and meritorious in every department of the profession, which the press of our own and foreign countries may contribute; while the original articles, correspondence, and editorials of each number, with such translations, reviews, and critical notices of new books, passing events, &c., as may from time to time be available, will afford greater variety to our pages than we have hitherto been able to furnish. Choice selections on topics of great professional or public interest will occupy a department in every number.

To carry out these plans may hereafter require an *enlargement of the size* of our Journal, and yet we shall make *no advance* in the subscription price; having resolved on making it the *cheapest Medical Journal* in the country, of which all who see this number may judge by comparison or otherwise.

Our low terms (only two dollars per annum) have been adopted not only in conformity to the times, but with the view of enlarging our already wide circulation, upon the extent of which will depend in a

great degree our usefulness, at home and abroad. We have already subscribers in nearly every State in the Union, and our Journal visits nearly every college, hospital, library, and public institution in the country. Our exchange list includes most of the periodicals, domestic and foreign, and is increasing. While our increased facilities for rendering the Journal more valuable and interesting will be enhanced by existing arrangements.

May we not look to our friends all over the country for a spontaneous and simultaneous effort to add to our subscribers, when over 800 pages! will be furnished annually for the small sum of *two dollars*, if remitted *in advance*? When payment is delayed beyond the first six months, *three dollars* will be expected for the year.

This number for January, 1858, commences our *new volume*, and the beginning of the volume is the best time for *New Subscribers*.

Address the Editor, by mail, enclosing the amount of subscription, which will be duly acknowledged, and the Journal regularly mailed thereafter.

Communications, Advertisements, Books for Review, &c., should be addressed to the "*Editor of the American Medical Gazette, 10 Union Square, New York.*"

Restrictions on Marriage and Foundling Hospitals.

Two objections have been made to a recently published report upon "Infant Mortality in large cities, the sources of its increase, and the means of its diminution."

With reference to the facts and statistics which prove the vast extent and amazing increase of this giant evil in our largest cities, no one has yet taken issue. Nor have we yet seen any exception taken to the numerous sources to which infant mortality among us is ascribed, though these are enumerated in detail. And the only portions of the report to which a caveat has been entered in any quarter, are those found among the several means suggested for diminishing the evil, and upon only two of these, which are incidentally named, viz., *the restrictions upon marriage* proposed, and the institution of hospitals or houses of refuge for *foundlings*.

In opposition to the first, it is alleged that it is *impracticable*. If this be granted, it of course utterly nullifies the proposition as utopian.

Let us see. Is it impracticable so to enlighten public sentiment that the parents of a young and healthful daughter shall refuse to give

her away in marriage to a husband whose health is doubtful, much less declining, by reason of some constitutional malady or hereditary disease, and upon whose life an insurance could not be obtained for a single year, because no medical examiner would advise the risk? Such marriage, if the party were subjected to medical scrutiny, would be forbidden for physical as well as moral reasons, and the parents could not consent to consign their blooming and healthful daughter to a childless solitude, and early widowhood, and a premature grave; and this by a physical necessity from which there is no escape. We see no "impracticability" in convincing all parties that such a marriage, however eligible and desirable under other circumstances, would be a "covenant with death," from which they should all instinctively revolt.

In like manner, if we reverse the circumstances of our hypothesis, is it impracticable that a father should prohibit the marriage of his son with any female whose antecedents and present condition of health would forbid the hope of offspring, or entail upon the fruits of the alliance the blight of poisoned blood by hereditary malady, and when infantile mortality must be the result, without a miracle?

Is there anything impracticable in incorporating into the public creed and practice, that the health of each party to a matrimonial alliance is of equal interest and importance to both, and should be scrutinized by medical men, not merely in reference to their present sanitary condition, but in view of the contingency of offspring, which ought in every case to be anticipated? And even without any legal prohibition, would not the parties concerned become a "law unto themselves" when the truth should be disclosed to them?

What has created the wide-spread public sentiment, amounting to little short of a prohibition of marriage between parties, either of whom has a hereditary taint of insanity, or of syphilis, or when they are connected by near consanguinity? It is because medical men have indoctrinated the popular mind into a full belief in the mischiefs and dangers of all such marriages to offspring, by reason of the transmission of a hereditary, morbid, and fatal taint in the blood of such parents, rendering the children of such marriages victims to infantile or premature mortality, and even worse evils.

But are not tuberculosis, scrofula, and other constitutional maladies equally transmissible hereditarily, and hence alike fatal to offspring? If so, the truth should be told, line upon line, precept upon precept in endless iteration, until the public sentiment should be enlightened, and

the way be prepared for legislation. Ought such marriages to be prohibited? This is the question—Is it right? Nothing that is right should be conceded to be “impracticable.”

The objection urged against *Foundling Hospitals*, as a means for diminishing the infant mortality so rife in our large cities, has been vaguely presented in several of the public journals, and seems to be rather a preconceived theory based on popular prejudice, than the result of either reasoning or facts. It is alleged in general terms, that such institutions will be demoralizing in their effects, by increasing licentious indulgence, and augmenting the number of illegitimate births. Either of these objections would be fatal, if it could be sustained by either arguments or facts, instead of being built upon a fallacy which has nothing but its antiquity and often repetition to sustain it.

The unhallowed intercourse between the sexes is indulged, in almost every instance by the parties, in the confident expectation and belief that they will escape the consequences, and avoid detection, by virtue of some theory, or some device in which they trust; and they no more intend pregnancy, than the thief or the murderer intends to be detected; for with the licentious, pregnancy is both exposure and punishment. Such parties no more think of foundling hospitals, than do thieves and murderers think of the prison or the gallows; but they expect and intend to escape detection, and thus shun the consequences of their acts. It is absurd, then, to suppose that the existence or non-existence of foundling hospitals will influence either the extent of prostitution or the number of illegimates.

But we pause here to consider what effect is produced on the unhappy woman who discovers herself to be pregnant, despite of all the precautions she had taken, and confided in, to prevent this dreaded result, when she remembers that society has provided no refuge for her unborn child. Her conscious guilt and dread of exposure prompt her to yield to the temptations of the abortionists who abound in all our cities; or, if her nature shrink from its dangers, infanticide is her next resort. Her situation must be concealed, and the fruit of her womb must be disposed of, or her all is lost, for there is no foundling hospital, else her womanhood would gladly take refuge for her infant there.

Who can contemplate without a shudder the multitudes of guilty mothers, whose first-born children are doomed to death before their birth, and this only because to these guilty women there appears no other alternative but utter ruin. Hence suicide, and the double mur-

der infanticide, becomes the resort in very many cases of such despairing women, whose claim to sympathy is increased by the recognition of the extent of their wretchedness, and even of their guilt.

What, then, must be the practical effect of foundling hospitals, if such opened their doors for the reception of these infant outcasts from parental love, whereby the dreaded exposure of these criminal, but it may be repentant mothers may be averted. Many of them may be the victims of seduction, or lured into bogus marriage, or deserted by their lawful husbands after pregnancy, and often without fault of their own. Their maternal instincts would revolt at the murder of their offspring, or suicide, if any other alternative were within their reach. To such, foundling hospitals would be literally a God-send, and, while diminishing infant mortality incalculably, would preserve the lives, and restore, it may be to virtuous society, multitudes of frail but repentant mothers, whose first lapse from virtue has been thus severely visited, while the male villainy of which she was made the victim escapes unscathed of justice.

Such are some of the considerations which led to the suggestions made in the report, to which exceptions have been taken by some of our confreres of the press; for which kindly candor we tender thanks. We only submit for their consideration our plea of demurrer, and this brief vindication, and hope it may be allowed to reach *their* readers.

MEDICAL EDUCATION IN NEW YORK.

Our three Colleges are pursuing their respective courses of lectures with classes varying little, if at all, from those of last year. Two of them appear by the report to the Regents, to be carrying a heavy indebtedness, which must be an incubus upon the Faculty of each, and necessarily renders the chairs unproductive. As the other College do not own, but rent their building, having a long lease of their college premises, they have a less burden to bear. But in none of the colleges are the professors adequately paid, nor can they hope to be except by the increase of classes, hardly to be expected at present; for the State leaves its medical colleges without patronage of any kind, while schools, academies, seminaries, and mere literary colleges are annually the recipients of State favors. The distinction is as unjust as it is ungenerous, for there are no teachers more poorly paid than are the medical teachers all over the State, nor any class of teachers which reckons so many beneficiaries, or educates so many pupils gratuitously.

Our hospitals are on a better footing than formerly. All fees are abolished at the New York Hospital, and students are admitted free. The Bellevue and the Emigrants' Hospital never did charge anything to students, who have free access to the clinical teaching at all times. At Bellevue, a clinical course is now in operation by the medical staff, which is very largely attended. Dr. J. R. Wood, Dr. Geo. T. Elliott, Dr. B. F. Barker, Dr. Stephen Smith, Dr. John T. Metcalfe, and Dr. Isaac E. Taylor are now statedly lecturing there, and conducting veritable clinics to the great satisfaction of the students.

There are numerous other hospitals open to students under certain circumstances, without fee, viz: St. Vincent's, St. Luke's, Woman's Hospital, Lunatic Asylum, Blackwell's Island, Nursery, Children's Hospital, Jews' Hospital, Marine Hospital, &c., &c.

Add to these our Infirmaries, Dispensaries, College Cliniques, private teachers, never so numerous as now, &c., and it will be manifest that New York offers advantages and facilities for acquiring medical education entirely unsurpassed in the country. While for anatomical pursuits, and the cultivation of operative surgery and obstetrics, by witnessing operations and making dissections, we can excel any other city in the land.

This brief summary of the claims of New York is presented now for the reason, that the local medical journals are each urging the pretensions of the schools in their own vicinity with unwonted zeal. Let not our great city, then, be without a chronicler of what it is doing and preparing to do for medical education. .

The Medical schools all over the country are in full operation, and though we are unable as yet to report the classes, except in a few instances, yet we hear very favorable accounts from a few. Jefferson Medical College, at Philadelphia, it is said, leads off with nearly 500. The old University of Pennsylvania comes next, with some 400; while the University of Nashville had 370 when we last heard. These indicate favorably for the rest, and imply that there will be little if any falling off in the aggregate from the successes of the last year, maugre all the predictions of croakers to the contrary.

OUR PHILADELPHIA COUSINS

Appear to be growing desperate, now that their frenzy has burned itself out, by the intensity of its own fires at home. Finding that their impotent menaces have only provoked our risibilities at their

Indicrous antics, they have now resolved to "carry the war into Africa." They have drawn up an elaborate and lachrymose memorial to the N. Y. Academy of Medicine, setting forth in plaintive tones of lugubrious lament that a Fellow of the Academy, and what is far worse, a "Vice-President of the American Medical Association," has "wilfully, wickedly, and feloniously" signed a certificate that Dr. James McClintock is, by experience and education, qualified to take the medical charge of Blockley Hospital. They "complain" that by this act many of their number, "as needy as McClintock," were deprived of any chance for the office, the said New York certificate having been so powerful as to defeat the united efforts of the Philadelphia County Medical Society, which they say "represents the entire medical profession of that city." And this, too, when the "political body," viz., the guardians of the public health, who appointed Dr. McClintock, were seething Democrats, while the New York certificate was from a well-known "Know Nothing." They complain that this interference of a New Yorker with the medical affairs of Philadelphia, is a trespass upon that comity and good fellowship which should subsist between sister cities, and they submit to the Academy what shall be done in the premises for redress of their grievances, alleging that the said appointee had been excluded from the American Medical Association for being interested in the sale of nostrums.

Their memorial, of some dozen pages, was presented to the Academy at its last meeting, and, according to rule, was referred, *without reading*, to the Committee on Medical Ethics, who will doubtless give it that grave consideration which its importance demands. Not having heard the document read, nor had the opportunity to read it, our knowledge of its contents is derived from a correspondent, who tells us that the precious *Dr. Jewell*, whose advertisement we copied gratis in the last No. of the GAZETTE, is among the signers. Apropos: Simultaneously with these unique proceedings, it appears by the public papers that several members of this "*Philadelphia County Medical Society*," including this precious *Dr. Jewell* among the number, have been prosecuted by the Common Council of that city on charges of *fraud and forgery* in their official conduct as members of the Board of Health of that city, by which the public treasury has been fleeced to the tune of thousands of dollars, by bogus bills and similar swindling. The Quarantine Convention, it is alleged, were entertained by Drs. Condie, Jewell & Co., all temperance men, with luxurious feasting and drinking at the public expense, covered, as were also the dinners to the Sanitary Committee,

by bogus bills and receipts, as in other cases. These trials of medical men for felony in public office will exhibit a new feature in the professional history of Philadelphia, and no precedent exists anywhere else. It has been proposed that our N. Y. County Medical Society should memorialize their sister society in Philadelphia, by way of complaint, and inquire of their committee on ethics "what is to be done in the premises?" But "fraud and forgery," corruption in office, are trivial offences, compared with the crime of testifying that Dr. James McClintock is qualified to take the medical government of Blockley Hospital! We wish all parties a safe deliverance. Vive la bagatelle!

MORAL INSANITY AGAIN!

We perceive that this contemptible plea for impunity to crime, and this time for a cruel and heartless murder, is to be urged in behalf of the young profligate Rodgers, who stabbed a citizen while quietly accompanying his wife along the public highway, killing this husband and father in the presence of his wife, without any semblance of provocation. This time no medical man has been employed to stultify himself, and prostitute our profession by shielding the guilty culprit, that device having failed to mislead either court or jury in the Huntington case. But the *Governors of the Alms House*, or a portion of them, at the instance of one of their number, have officially decided that Rodgers is *non compos mentis*, of which they assume to be competent judges, and have signed a petition to the Governor of the State for a pardon or commutation of sentence, now that he is about to be hanged. We are glad that the President of that Board refused to interfere with the execution of the laws, as did some other members of that body, whose good sense protected them from perverting their official character, under any pretext of false philanthropy.

Our confidence in Governor King precludes all apprehension that his executive clemency can be successfully invoked in behalf of any drunken rowdy, because he was on a drunken revel and reeling through our streets with his boon companions, when he committed this highway murder. Granted, that now under sentence of death, he can feign insanity well enough to deceive such wise experts as Gov. Pinckney, Oliver, and Gunther, to do which he or any other criminal can be trained in an hour. Is that any reason for depriving our reckless community from the salutary example of an execution for murder,

an example which may deter others from their drunken debauch, by learning its certain and terrible consequences?

THE PARISH WILL CASE

Is at last decided by Surrogate Bradford, who it seems utterly ignored all the testimony of the medical witnesses, rejecting it on the ground that it was only argument pro and con, and not to be regarded as in any sense the opinion of experts. We honor his judgment, if the so-called argument of our neighbor McCready, published in the *New York Journal of Medicine*, is a specimen of the medical evidence. The Hon. Surrogate could not admit that an apoplectic paralytic, speechless, and, as proved, fatuous to a degree little short of idiocy, was at the time of "sound mind and memory," for disposing of his vast estate; by any amount of medical logic, or long and labored "argument of learned sound."

We have not seen the published volume of the written opinions of the doctors, who had the good luck and rich fees of this protracted inquiry before the Surrogate, but we learn that it contains over 500 8vo pages, evincing very elaborate research and profound erudition. It is a pity that its contents were ruled out of court, but fortunately the decision is recorded that "the costs are to be paid out of the estate," so that the fees of both doctors and lawyers are safe.

THE SUPER-PHOSPHATE OF IRON,

Which has lately acquired no small notoriety in England and on the continent, is now becoming popular among American physicians, who find it eminently useful in many cases to which it is adapted, and preferable to any other of the salts of iron. In another page, it will be seen that Mr. Cushman, of the St. Germain Hotel, is preparing the syrup according to the British formula, which produces a pleasant and efficient article.

THE COMMITTEE ON PUBLIC HEALTH

In Brooklyn, have published a Report in relation to swilled milk and its mischiefs, in which they cite facts and arguments stolen bodily from our late Report on Infant Mortality, without the slightest acknowledgment of the source whence they derived them. The Committee are probably not censurable, but the medical concocter of the Report whose name is adroitly repeated to iteration, a luxury which he hugely enjoys, and by which he is ever betraying his identity.

CONFUSION WORSE CONFOUNDED!

The quadruple controversy in the Journals, as to the discovery of the excito-secretory system of nerves, &c., and the rival claims of priority between Dr. Marshall Hall and Professors Campbell, Allen, and Paine, are likely to be interminable. Dr. Christian, of Detroit, denies that any discovery has been made by either of the parties, and cites his proofs that the doctrines claimed as original are as old as Philip, Broussais and Bichat. Professor Palmer, of the *Peninsular Journal*, endorses Dr. Christian's views, and alleges that, as in other cases, "Whatever is new is not true, and whatever is true is not new." We await the appearance of the forthcoming new work of Dr. Paine, the veteran New Yorker, who, we have a fancy, carries too many guns for all the belligerents. Hence we go for non-committal at present.

ANTIDOTE TO STRYCHNIA.

The success of camphor as an antidote to strychnia, in the two cases reported last year by Dr. Rochester, of Buffalo, prompted to its trial in a recent case, reported at length in the *Virginia Medical Journal*, by Dr. Claiborne, of Petersburg. The strychnia was taken with suicidal intent, in a dose of two grains, and the patient was not seen until tetanic and epileptic spasms of intense violence had supervened, which continued for hours, until 3i of camphor had been administered in doses of 10 to 6 grs. every half hour, when they ceased, and the patient recovered. Until chemistry furnishes us with a better antidote, the camphor would seem to be worthy of confidence after these successful trials.

DR. FRANK H. STORER, OF BOSTON,

Corrects the error of the public press in proscribing the green paper-hangings, because colored with arsenite of copper, viz., Scheele's green. Such colored paper is unattended with danger except in underground or damp apartments; the mischief in these cases being ascribed to arseniuretted hydrogen, formed by the action of water in the presence of decomposing organic matter upon the arsenite of copper. The prejudice already created against such colored walls will, however, diminish the sale and lower the price. It is well to be assured that such arsenical paper is perfectly safe in dry and well-ventilated apartments, for these green paper-hangings are among the most beautiful imported.

THE VENERABLE DR. JOHN W. FRANCIS

Has added new laurels to his brow, by his late oration before the N. Y. Historical Society, on the occasion of opening their new building. This learned and eloquent discourse will soon be printed, and the claims of its author to being a veteran Knickerbocker will then be apparent, for Dr. Francis knows more of New York, its men, and its manners, for the last 40 years, than any other living man; and it may be fairly presumed, that if there have been during that long period any notabilities whom he does not know, they are not worth knowing. His system of mnemonics must be a perfect one, for he never forgets anything, or anybody whom he ever knew. His oration will be among his best literary efforts, and when it appears we shall recur to it again.

TO CORRESPONDENTS.

A Philadelphian writes us to inquire "whether the Code of Ethics of the American Medical Association is not violated by one of its oldest members and former officers, who is a silent partner, pecuniarily interested, though concealing his name, in a notorious drug store not far from Chestnut and Twelfth Streets, in that city?" We reply, by referring the inquirer to Dr. Isaac Hays, who, as the editor of the American Journal of Medical Sciences, is better posted in relation to medical law than we profess to be. Our opinion is well known to be, that nostrum vending alone can render the party liable to impeachment in such a case; and that otherwise, the partnership in a drug store, or any other lawful business, does not constitute an offense. The latter is the exercise of a private right inherent in every individual, to invest his capital in any lawful business, or to affix his signature to any document according to his own "sovereign will and pleasure," irrespective of any dictation, and without any responsibility to any public or private association. To his God, the laws of his country, and his own conscience, can he be alone accountable. This must be the fact, unless he has surrendered his right of private judgment, and is no longer a free American citizen.

Another correspondent from the same city says,

"It is rumored here that the Committee of the County Medical Society, viz., Drs. Condie, Jewell & Co., will send a letter to the Secretary of the Navy, at Washington, complaining against those surgeons of the Department who recommended Mr. McClintock's ap-

of the United States. Dr. Reese added his name, under the touching circumstances, to the list. Dr. Reese was the old acquaintance and friend of the family, and upon the most intimate terms with the Rev. Dr. McClintock, brother of Dr. James McClintock, everywhere recognized as one of the purest and most learned of the Methodist ministry of this country—a ministry with which Dr. Reese has always sympathized. Now, admitting that Dr. Reese did wrong to save a repentant and struggling brother—a brother in a double sense—surely it could only be an error of the head, for the heart that was in that act none can deny. Dr. Reese has been unmercifully censured, but with all these circumstances to determine his course, we apprehend few men with a soul worth saving would have acted differently. We could weep over Dr. McClintock's course, but no one has suffered more by it than himself; and while he has failed to live out of the profession, and having no other means of supporting an interesting and helpless family than medicine offers, we ought not to blame him for trying to get back among his former brethren, nor blame one who knew all the circumstances for aiding him in that effort, and especially for extending a lifting hand to save a helpless family from want. Ours is a generous profession, and while those who would persistently struggle to degrade it in popular estimation, deserve no mercy at its hand, let us be generous to returning prodigals, who, having fed upon the husks of the aliens *ad nauseum*, are not likely to relapse into that error.

Dr. Reese has borne himself gallantly at the head of his fair and spirited Journal, and let his confrères of the press not torture into a crime what his heart assures him was a virtue.

CORRECTION.

PHILADELPHIA, December 19, 1857.

DR. D. MEREDITH REESE,

Dear Sir—Allow me to call your attention to a mistake that has found its way into the last number of your Journal. Permanent members of the American Medical Association are there informed that upon receipt of three dollars they will have a volume of Transactions sent to them, free of charges for transportation.

This error arose, no doubt, from the fact that members at New York and other points where large numbers of volumes are required, have not been obliged to pay transportation.

At these points certain gentlemen, for instance, Dr. Beadle, in your city, have kindly acted as agents for the distribution of the volumes, and large numbers are sent enclosed in a single package. As this reduced the freight to a fraction, I have not felt at liberty to ask of these gentlemen, Drs. Morland, of Boston, Marsh, of Albany, Bro-

die, of Detroit, De Saussure, of Charleston, Lindsley, of Nashville, Miller, of Chicago, Hughes, of Keokuk, Atlee, of Lancaster, Askew, of Wilmington, Hooker, of New Haven, and Hintze, of Baltimore, the additional trouble of collecting the modicum of freight due on each volume. In every other instance the volume is sent by express or mail, at the expense of the purchaser, and upon the appearance of the present volume I sent a circular to each prominent member to this effect, excepting those who had already subscribed at Nashville.

The discrepancy between the notice in your *Journal* and my circular has already led to embarrassment. Will you oblige me by setting the matter rightly before the medical public?

Very respectfully yours, &c.,

CASPAR WISTER.

[We find the following letter in the *Southern Journal*, published by Dr. Currey, of Knoxville, Tenn.]

NEW YORK CORRESPONDENCE.

NEW YORK, Nov. 14th, 1857.

DEAR DOCTOR—I arrived in this city about ten days ago, after an absence of ten years; such changes have taken place that everything almost was new to me. However, I found the Medical University and all the old Professors, except two, Dickson and Pattison, whose places as you are aware are filled by two highly accomplished gentlemen, Drs. Metcalfe and Van Buren. The facilities for acquiring correct information has been greatly increased in the last seven or eight years, and the establishment of medical, surgical, and obstetrical clinics by the Professors, after the Parisian plan, together with the increased hospital facilities, have rendered New York superior to any place in the United States for obtaining medical and surgical knowledge. Soon after my arrival I visited many places of interest, a brief account of which I will give you.

First.—Eye Infirmary, where still remains the gentlemanly and accomplished Dr. DuBois, who has been for many years its principal physician, ever willing and always ready to impart knowledge to the student.

Here were exhibited many, I may say, almost every character of disease of the eye, at least one hundred cases being presented daily, among which may always be seen a number of well-marked cases of the principal diseases of those organs.

Second.—The New York Hospital, where among the many interesting cases in medicine and surgery were several of inflammatory and chronic rheumatism. These cases are treated, as Dr. Smith informed us, upon the alkaline plan. He says he has found this plan to suc-

ceed better than any other, and he has followed it for the last three years. It is the plan now followed by all the professors in this hospital. Rochelle salts is the medicine administered.

Third.—Bellevue Hospital, where, through the politeness of Dr. Jas. R. Wood, I was shown many interesting cases of disease and witnessed many interesting operations.

My attention was next directed to the meeting of the New York Pathological Society, which holds its meetings on the second and fourth Wednesdays of every month. Here from the many interesting specimens I select three for notice.

Dr. Detmold asked the suspension of the rules of the Society, that he might present, not a pathological specimen, but an individual who possessed the strange faculty of becoming cataleptic at will. His request was granted, when he introduced a boy nineteen years old, of common size and health. The Doctor said he did not know anything as to the history of the boy or his family, but that if the boy's mind was taken from surrounding objects, he would pass into that state of catalepsy in which the muscles are fixed, remaining in any position he might be placed. Accordingly he was led to a dark corner of the room, with his face looking into the corner, in order to take his mind from surrounding objects, and in about two minutes he was removed from the corner in that fixed attitude in which he was standing. No movement except the whole body. In being brought from the corner he moved altogether, like a stick of wood. He placed his arms in several positions, and they would remain perfectly inflexible and stationary; the mouth was opened and it remained so; his head was pulled around, and in every position in which his limbs or head were placed, they remained; his countenance presented a singular appearance of unconsciousness. After remaining in this state three or four minutes, he seemed to awake as from a sleep.

Next was a specimen presented by Dr. James R. Wood, of strangulated inguinal hernia. A very small portion of the bowel was involved, forming a tumor so small that it was not recognized during the life of the patient.

Dr. Wood stated that he presented it on account of its history, together with its showing how small a portion of the intestine, when strangulated, might produce death.

He stated that this patient was treated for diarrhœa. However, his physician towards the last had some suspicions of hernia from the vomiting, &c., which the patient had: the bowels, however, were loose all the time, and this was the singular feature in the case. Some one asked the Society how many cases of strangulated hernia they ever saw *with loose bowels*. One gentleman, I do not know who, replied he had seen only one; none of the others spoke.

Next was a specimen presented by Dr. Wood, of a portion of the spinal column of a lady who had died some days previous in Bellevue Hospital, showing an oblique fracture of the body of the fourth dorsal vertebra, together with its left lateral process broken off. The history of the case was, that some months before, while the lady was attending

to her domestic duties, she fell from a step-ladder, a distance of six feet, at the same time alighting on her feet, producing this rare injury. She immediately became paraplegic, was removed to the hospital, and there died of bed-sores and general exhaustion. This is a rare case indeed; we are taught that fractures of the body of the vertebræ rarely occur under any circumstances.

J. G. BROWN, M.D.,
Cleveland, Tenn.

BOOK NOTICES.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Volume X. Collins, Printer, Philadelphia. 8vo, p. 676.

This volume, containing the proceedings at the late meeting in Nashville, was issued, thanks to our Philadelphia committee, rather earlier than usual. It contains the Presidential addresses, with the Minutes of last meeting, organization, ethics, list of officers, permanent members, &c., and also thirteen papers, essays, and reports, as follows, viz :

Report on the Medical Topography and Epidemics of Ireland.

Report on Infant Mortality in Large Cities: the Sources of its Increase, and Means for its Diminution. By D. Meredith Reese, M.D., LL.D., &c., of New York.

Report on the Medico-Legal Duties of Coroners. By Alexander J. Semmes, M.D.

Report upon the Topography and Epidemic Diseases of the State of Georgia. By John F. Posey, M.D., of Savannah.

Report on the Use of Cinchona in Malarious Diseases. By F. Hinkle, M.D.

Report on the Blending and Conversion of Types in Fever. By C. G. Pease, M.D., of Janesville, Wis.

Report on a New Principle of Diagnosis in Dislocations of the Shoulder Joint. By L. A. Dugas, M.D., of Georgia.

Report on the Fauna and Medical Topography of Washington Territory. By Geo. Suckley, M.D., U.S.A.

Report on the Medical Flora of Washington Territory. By J. G. Cooper, M.D.

Report on Deformities after Fractures. By Frank Hastings Hamilton, M.D.

Partial Report on the Nervous System in Febrile Diseases. By Henry F. Campbell, M.D., of Georgia.

Prize Essays.—The Excito-Secretory System of Nerves, its Relations to Physiology and Pathology. By Henry F. Campbell, M.D., of Georgia.

Experimental Researches Relative to the Nutritive Value and Physiological Effects of Albumen, Starch, and Gum, when singly and exclusively used as food. By William A. Hammond, M.D., U.S.A.

Intending hereafter to speak of some of these papers as we think they merit, we forbear at present from doing more than to commend the volume and its contents as eminently worthy of the patronage of the profession. Those who reside in this region, may obtain copies by applying to Dr. E. L. Beadle, No. 40 Bleecker Street, New York, on paying three dollars, which is the stated price. Copies of the former volumes are scarce, and early application is advisable.

MATERIA MEDICA AND THERAPEUTICS, &c. By Thomas D. Mitchell, A.M., M.D., Professor in the Jefferson Medical College, &c. Philadelphia: J. B. Lippincott & Co. 1857.

This is a new edition, revised and enlarged, of a well-known work, of the merits of which we took occasion to speak at the time of its first issue. The improvements are numerous and valuable, including everything new and useful in this department to the latest date. Very important additions have been made to the toxicological portion of the work. We cheerfully commend this revised edition as worthy of the patronage of students, practitioners, and teachers, being adapted to use either as a text-book or a book of reference, for which latter purpose its copious index affords great facilities.

A DICTIONARY OF MEDICAL SCIENCE, &c. By Robley Dunglison, M.D., LL.D., &c. Philadelphia: Blanchard & Lea. 1857.

This truly great work has now reached its fifteenth edition, having been revised and very considerably enlarged, now making a royal octavo volume of nearly one thousand pages. The improvements and additions include some 6000 novelties in the way of newly-coined words, which this progressive age is ever innovating into our already over-burdened nomenclature. The immense amount of labor and toil which has been expended upon this work may not be apparent on a superficial examination, nor indeed can it be adequately appreciated, except by those who have become practical laborers in lexicography. This lexicon will be found to comprise all the technicals and synonymes, in whatever language, which have been employed by writers and teachers in any of the departments of medicine, and in all the collateral sciences, remotely or proximately allied thereto. Hence its high reputation and unbounded popularity, at home and abroad, and which has led a learned British critic to affirm, that this Dictionary will "last for centuries." We congratulate Professor Dunglison, and the publishers, on the permanent success they have achieved in the issue of this fifteenth edition.

GENERAL THERAPEUTICS AND MATERIA MEDICA; adapted for a Medical Text-Book, with Indices of Remedies, and of Diseases and their Remedies. By Robley Dunglison, M.D., LL.D., &c. With 193 illustrations. Sixth edition, revised and improved. In 2 volumes. Philadelphia: Blanchard & Lea. 1857.

It is only necessary to announce this latest revision of a work which is so well known, and is so highly estimated by the profession, as a text-book in *materia medica* and therapeutics. We have always regarded it as a model in this department, and on examining this edition we find very manifest improvements, enhancing its value and usefulness. The practical knowledge it imparts is among its chief attractions, while the style of Professor Dunglison renders its lessons as entertaining as instructive, divesting these dry subjects of the dullness which is wont to characterize many of the books in this department. We are not surprised that a sixth edition thus early attests the popularity the book has acquired.

MISCELLANEOUS ITEMS.

Dr. Yandell, of Louisville, Ky., is about issuing a new Medical Journal from that city. No man in our ranks is better fitted for the office of a Journalist, and his education and experience cannot fail of success. We shall rejoice at the appearance of this new journal, and welcome its exchange.

Dr. Bruhl, of Cincinnati, reports a successful case of vesico-vaginal fistula by cauterization, the patient refusing to submit to the knife and suture. The details may be found in the last number of the *Medical Observer*.

Prof. Buchanan's Introductory Lecture at the opening of the Medical Department of the University of Nashville, is spoken of as possessing unusual merit, both as a professional and scholastic performance. It is printed, we learn; but no copy has yet reached our table.

Dr. Parvin, of Indianapolis, Ind., reports a recent trial for poisoning, in which a prisoner was convicted on the testimony of scientific and regular physicians, maugre the opposing evidence of a number of quacks belonging to different schools, all of whom were in such blissful ignorance on the subject of arsenic and its tests, that they failed to influence either court or jury. *Homœopaths et id omne genus* should never trust themselves in a medico-legal examination.

Dr. B. H. Washington, of Hannibal, Mo., has furnished to the *Nashville Journal of Medicine and Surgery* two essays on the kindred subjects of "Assimilation, Consumption, and Scrofula," which for sound sense and practical knowledge merit high commendation. The curative effects of active exercise in the open air in consumptive cases are demonstrated. Dr. W. corroborates the doctrine of Dr. McCormac, of Belfast, by insisting upon exercise, since this must be taken in the *open air*, the free respiration of which is regarded by the latter both as curative and preventive. See his letter in this number of the *Gazette*.

The Small Pox has appeared in New York to a somewhat unusual extent this winter, but thus far is not marked by even the ordinary degree of malignancy or fatality. We have seen nothing to diminish our faith in vaccination, which, if repeated until no pustule appears, affords entire impunity.

Dr. Thomas S. Powell, of Sparta, has been elected Professor of Obstetrics, &c., in the Atlanta Medical College, Geo., in place of Dr. Boring, who has resigned, owing to his necessary removal from the state. Dr. B. was an able and popular teacher, for whom we entertain profound respect, but his place could not be better filled than by Dr. Powell, and we congratulate him on the preferment.

The Cholera is prevailing in Sweden and Germany to sufficient extent to awaken apprehensions in England, where the Boards of Health are preparing for its approach to the British shores in the spring. In this country nothing is doing in the way of prevention, although Bremen and other ships are quarantined at New York and elsewhere, for Cholera breaking out on the passage, one of the vessels having lost over sixty passengers. The Philadelphia Board of Health seem to employ themselves and the funds of the city in feasting and drinking, by frauds and forgeries, for which all parties, doctors included, are now in the courts. Instead of the Sanitary Committees, who ought now to be at work under honest medical supervision in every city, our own civil authorities are doing nothing, but depend on Quarantine as affording all needed protection from Cholera!

REDUCED PRICES FOR ADVERTISING.

On the last page of the cover of this number the lowest terms of advertising in this Journal are stated, which those concerned will perceive are below any former prices; so that, in view of our wide and increasing circulation, advertisers will find the *American Medical Gazette* the cheapest Journal in the country for their purposes, as it undoubtedly is in other respects, furnishing its subscribers with 68 pages monthly, making a volume of 816 pages annually, for Two DOLLARS in advance; which is 50 per cent. below the price to subscribers required by nearly all our contemporary medical journals of the same size.

Hence we cannot afford the premium offered by some of our neighbors for paying subscribers, as does the *Reporter*, of Burlington, N. J.; and this by charging Three Dollars per annum, instead of Two Dollars, for the same number of pages as ours.

RECEIPTS for 1857-8, for Subscription to Gazette.

Drs. Woodward, Miner, Thompson, Marvin, Hagany, Warren, White, Cullen, Buckler, Underhill, Vanvliet, J. C. Lee, Ayres, Shaffer, Moragne, Brinsmade, Miner, Jr., Hudson, J. Miller, Marcy, Heywood, Finlay, Emmett, Elliot, Fitch, Linsly, Paine, Green, Goldsmith, Meakim, Proudfoot, J. R. Wood, Freeman, Whiting, Telkamp, J. O'Reilly, Vass, J. M. Smith, Passmore, Sayre, Sims, Chilton.

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AMERICAN MEDICAL GAZETTE ADVERTISER.**CLEVELAND MEDICAL COLLEGE.**

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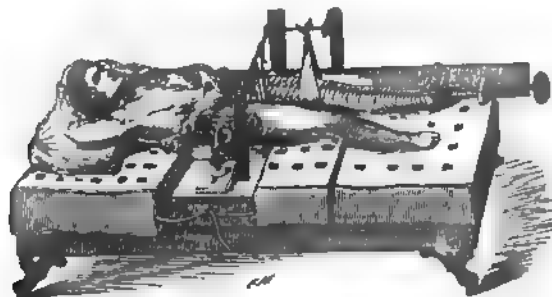
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For further particulars see Transactions American Medical Association, Vol. X, and New York Journal of Medicine, May, 1857, or address as above.

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Warden Bellevue Hospital.

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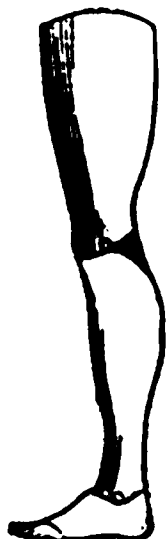
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AMERICAN MEDICAL GAZETTE.

Vol. IX.

FEBRUARY, 1858.

No. 2.

ORIGINAL DEPARTMENT.

**Remarks, founded on the observation of Medical and Surgical Cases,
with Illustrations.**

**By JOHN O'REILLY, M.D., Licentiate and Fellow Royal College of Surgeons,
Ireland; Resident Fellow New York Academy of Medicine.**

Circumstances antecedent as well as subsequent to my becoming a resident of this city, have so combined as to place me in an ample field for the contemplation of every species of disease. The test of experience must guide the medical practitioner; plausible as well as false theories give way to its dictation. I do not presume to advance anything in the shape of originality, but simply to state the results of my own practice.

POLYPUS OF THE UTERUS.

This is at once a formidable and alarming disease, yet its susceptibility of being extirpated is a matter of no great difficulty. An examination, per vaginam, is imperatively demanded, whenever a female complains of constant floodings, as the annexed case will demonstrate.

Mrs. H——, aged 39, the mother of seven children, states that about nine months ago she was confined, that the doctor in attendance had some difficulty about the removal of the placenta, and was necessitated to call on another physician to assist him; that since her delivery she never was a day well; that she was subject to constant floodings; that she took large quantities of medicine from eight different doctors, but without any amelioration of her symptoms, with the exception that, at first, the blood came away in clots, whilst latterly

it was more a continual oozing. She now presents a very unwieldy appearance. She is enormously large, her face, body and extremities being exceedingly swollen; her countenance is quite *anæmic*; she has great pain in the head; she is harassed with palpitation of the heart, as well as difficulty of breathing; her pulse is quick and feeble, and she is apprehensive of fainting. I now proposed an examination, which proposition she earnestly protested against, exclaiming, the other doctors did not insist on such a proceeding, and that they told her the discharge arose from debility. However, I determinedly resolved I should examine the case for myself, or have nothing whatever to do with her. Her husband having joined me in my remonstrances, she ultimately assented. I now found a large tumor occupying the vagina. I experienced some difficulty in endeavoring to reach the os uteri; however I ascertained that the stock of the tumor was about the thickness of my little finger, and that it was completely encircled by the lips of the os. Having explained the nature of the affection and the course to be pursued, I requested a consultation, and had the advantage of the advice and encouragement of Professor Mott, who is indomitable in his resolution where the life of a fellow-being is to be saved, and who, of course, urged an immediate operation, as being the only alternative to meet the exigency of the case.

On the 28th of August, in presence of Professor Mott, and assisted by Drs. Sheridan, O'Meagher, and Poyntz, having put the patient under the influence of chloroform, and placed her in the position as for lithotomy, and having introduced two dilators into the vagina, which, by separating, brought the tumor into sight, I now passed up a long vulsellum forceps, and seizing it on both sides pulled it down, and having exposed the polypus surrounded by the os, I tied it with a strong round ligature, and then cut off the abnormal growth at some distance from the ligature. The ligature dropped off on the fourth, and there was no great change in the condition of the patient up to the ninth day, when a most rapid diarrhœa⁽¹⁾ set in, giving vent to large quantities of serum, which flowed involuntarily. Fearful prostration was the consequence; the patient appeared to be moribund. I now prescribed large anodine draughts, tannic acid, milk punch *ad libitum*, with strong beef tea. The diarrhœa, after some days, was arrested, when the kidneys commenced discharging their functions most vigorously, and large collections of urine were constantly evacuated from the bladder. The patient's aspect was now conspicuously altered; from being, as might be imagined, prodigiously fat, she was re-

duced to genteel dimensions. Nutritious regimen was assiduously supplied, milk punch freely imbibed, the lady some days took as much as a pint and a half of brandy in the course of twenty-four hours. The patient now slowly and progressively recovered, with the aid of nutritious regimen, porter, iron and quinine. The tumor, on being removed, weighed five ounces and a half, and was of the fibrous kind. The efforts of nature to unload the system of the serous effusion, by its exhalation from the mucous membrane of the bowels, and subsequently by the kidneys, are interesting. It might be naturally said I had no authority to interfere with the salutary operation of nature in restraining the alvine defluxion; I have merely to affirm that I believe, had I not checked her energy, the patient would have yielded her life to her impetuosity. It will be noticed I performed the operation in the way advised by Mr. I. Baker Brown.⁽²⁾ It would be superfluous to point out the advantages of this mode of operation, where *large tumors* are concerned, as they are self-apparent. I have removed small polypi in two cases by torsion with success, and without any untoward event.

HEPATIZATION OF THE LUNG.

A great many cases of pneumonia present themselves; in some the lung will be detected either totally or partially hepatized; in others where purulent infiltration or abscess has formed. In the former generally a favorable prognosis may be given, whilst in the latter a fatal termination may almost invariably be predicted. Now, the course of treatment I am in the habit of adopting, when I discover the lung solidified, is the application of a large blister over the part, dressing the blistered surface with dilute mercurial ointment, and exhibiting calomel and opium in moderate doses internally, at the same time that restoratives and stimulants, in the form of brandy punch and beef tea, are administered. As soon as the gums have fully shown that the constitution has responded to the action of the mercury, the medicine is discontinued, but at the same time the patient's strength is propped up by nutritious regimen; when the mouth is well, iodide of potassium is directed to be taken. The theory on which this treatment is grounded will be perceived, on recollecting what happens when the lung is solidified. The parenchyma of the lung is loaded with lymph poured into its structure; the air cells are obliterated, respiration is consequently interfered with; the blood cannot be aerified, animal heat cannot be generated; the carbon accumulates in the blood, which exercises a baneful influence on the brain as well as on

the action of the heart. Now, the physiological effect of the mercury is to promote the action of the absorbents, and thus remove the foreign body; I allude to the lymph which constitutes the barrier of obstruction to the entrance of air into the lung, and in addition to arrest a further deposition of this product, thus restoring the lung to its normal state. The therapeutic agency of the mercury is still further augmented by the iodide of potassium, in promoting the process of absorption. The utility of giving stimulants and restoratives is to stimulate the brain, which is in a state of torpor, as well as the heart, which suffers from the want of its usual stimulant, the blood being more venous than arterial.

I feel constrained to enter thus fully into my views on this important subject, inasmuch as some very high as well as learned authorities state that neither bleeding, tartar emetic, or mercury is required in the treatment of pneumonia; that the disease, if left to itself, will get well; that when a patient is laboring under a hepatized lung, all he wants is an abundance of wine and nourishment; that in the event of a portion of the lung remaining hepatized it is a matter of indifference; that the subject of it will go on very well with this impediment. I confess I have no faith in the doctrine thus propounded. That some persons may get well I acknowledge; but I emphatically declare I have substantial reasons for maintaining that many persons, supposed to be thus restored to health, fall victims to what is called consumption, in periods ranging from one to two years. What happens is the sequel: the patient is exposed to damp or cold, a new inflammation in the solidified lung takes place, an abscess speedily follows, and a destructive process of ulceration renders the patient's condition perfectly hopeless; or, under other circumstances, if there is a tendency to phthisis, tubercles are not slow to introduce themselves, and eventually destroy the patient. It will be argued that when a patient is found with a hepatized lung, whose countenance is congested, whose tongue is brown and dry, whose respiration is hurried, whose pulse is quick, and who is bordering on a state of a coma, that it would be monstrous to give mercury, as being calculated to depress the vital powers; that stimulants and nutriment should be alone relied on, to ensure the patient's safety. They contend that the patient is laboring under typhoid symptoms of a very aggravated character. This assumption, of course, cannot be denied, but I respectfully say they mistake *the effect* for *the cause*; that it is preposterous to rely for the effects without eradicating the cause.

toms are ushered in by the carbon contained in the blood acting as a poison on the constitution; and that the deleterious working on the constitution must persist as long as the *cause* continues in existence. I should here observe that there is only one form of solidification of the lung where stimulants can be given with decided advantage, without the introduction of mercury into the system, as is exemplified in low typhoid fevers; when the patient will be noticed lying on his back, with a pulse very quick and weak, the body covered with maculæ, the teeth and tongue black with sordes, at the same time that there is low muttering delirium, with subsultus tendinum, a tympanitic abdomen and involuntary discharges; the patient is on the verge of eternity, and if his lungs are examined one or both may present the physical signs of solidification. Here, however, the case is not one of true hepatization, but rather of stagnation of blood in the organ, and should not be confounded with hepatization, the result of acute inflammation. It must be acknowledged that the treatment of inflammation by stimulants is contrary to the precepts promulgated by Hippocrates, Cullen, Hunter, Thompson, Clutterbuck, Wardrop, and other high authorities. Now, the practice of blood-letting and giving stimulants appears to be self-contradictory. How is the matter to be explained? Simply by understanding that abstraction of the vital fluid is only necessary when the vascular system is in a state of great excitement, and some important organ the seat of inflammation; and also recollecting that loss of blood of itself will not cure or rather carry off the sequelæ of inflammation, namely, lymph and serum, as in the case of serous membranes, and knowing that these complications are susceptible of being cleared off by the action of mercury. But as it is a fact that the physiological action of mercury cannot be had when the system is in a high state of excitement, it follows as a consequence that depletion, before its administration, is essential. Again, where the constitution is prostrated by the violence of the inflammation, and the vital powers almost annihilated, it will be proper to exhibit stimulants, in order to hasten the introduction of the mercury into the system, which is not capable of receiving it at the low point indicated. As it is obvious, therefore, that mercury will not act when there is very great excitement or very great depression, it follows as a consequence that depletion, at the commencement of an attack of inflammation, must be had recourse to, and that the exhibition of stimulants at a later date becomes justifiable.

CIRRHOSIS OF THE LIVER.

Amongst the many evils that follow in the train of intemperance, the one called dram-drinking stands frightfully foreshadowing cirrhosis of the liver, to which disease I now address myself. In men it generally occurs at ages varying from forty-five to fifty-five, and destroys its victims in twelve or eighteen months. Females contract the disease much earlier, and many are prematurely consigned to the grave, between the ages of twenty and thirty. Persons of both sexes, if closely interrogated, will say that they are in the habit of taking a little gin or brandy occasionally in the course of the day, but never more than a glass at a time, and that they are always able to attend to their business. They will also admit that they are obliged to take some brandy in the morning to give them an appetite for breakfast. Now, I think the potation taken into an empty stomach does more mischief than all the liquor swallowed during the day. The brandy passes at once by the process of endosmosis into the liver, (*) which in due time affords testimony of its pernicious agency. As it is an awkward affair sometimes to closely question ladies as to their habits with respect to their indulging in intoxicating liquors, it may not be out of place to portray the symptoms and signs by which the disease may be recognized. A woman laboring under cirrhosis of the liver in its first stage, will complain of general lassitude and languor, and experiences fatigue in making any exertion; she will desire to lie down very often on the bed or sofa; her spirits will be depressed, and she will murmur that she cannot eat anything, that she has no desire for food, that she is annoyed with wind in the stomach; she declares that she is not very sick. It will be perceived that she has lost flesh, that her muscles are getting flabby, that her complexion is sallow, that the sclerotic is of a *dirty white*, that the eye has lost its brilliancy, that exhaustion is depicted in her countenance. The tongue will be found covered with a yellowish fur, and the pulse is generally small and quickened. When this picture exhibits itself, it may be delicately hinted that the lady is obliged to take a little stimulating beverage just to keep up her drooping spirits, when she will at once answer that she could not live only she drank a little wine or gin now and then to keep up her strength. With respect to the treatment, I believe it is of very little avail. I never saw a patient recover who had confirmed cirrhosis of the liver. The patients get dropsy, hæmatemesis, and generally die in a state of coma. If an opportunity is offered before too much mischief has been done, and in the event of the patient being a lady, the best thing that can be done is to recom-

mend her to go to the country, to a Northern atmosphere, to a State where the Maine law is rigorously enforced, where she can respire invigorating air, eat wholesome food, and be cut off from the society of false friends and officious accommodating neighbors, who often, under the pretence of getting milk at the corner groceries, procure brandy or gin to gratify the morbid cravings of the unsuspecting victim.

FRACTURES AND DISLOCATIONS.

It is not an uncommon occurrence to meet old women and young boys presenting themselves for assistance, in consequence of the stiffness of the joints, the result of either fractures or dislocations, as well as others, occasionally, in the prime of life. An old woman will say she got a fall, and that her hand "bent under her;" that she applied to a doctor, who put splints on it, but that, notwithstanding it is some months since the accident happened, she is totally unable to use her hand; that she cannot bend her wrist or fingers, or separate the thumb from the palm of the hand. On examination, the wrist joint as well as the joints of the fingers will be found almost in a state of ankylosis, and any attempt to flex the joints will be attended with great pain. Now, the course of proceeding in a case like this, is, to use flexion, extension and rotation, every second day, for a considerable period; some force must be used, and nothing but perseverance on the part of the patient as well as of the surgeon, will ensure a favorable result and restore the member to any degree of usefulness. Now, the injury that causes all this trouble, is a fracture at the lower end of the radius (Colles' Fracture,) and the difficulty produced is caused by the fingers and wrist being kept for a lengthened period in a state of extension, whilst a process of subacute synovitis takes place in the joints and extends to the ligaments, and thus renders the articulations immovable. To surmount this mischief, I apply splints sufficiently short to allow the fingers to be flexed towards the palm of the hand. I have witnessed many cases of this kind where I am convinced the patients would be much better off if their forearms were put in a sling after the accident, and allowed to continue so until union of the bone had taken place. The state of things I have described is particularly remarkable when the fracture is done up on the principle recommended by Dupuytren. I allude to the pistol-shaped splint. In boys who get falls on the elbow, causing fracture of one of the condyles of the humerus, it happens, after union of the fracture, that the boy cannot bend or extend the joint. Now, unless extension and flexion are had recourse to, the articulation will continue in the position it was

placed in at first. In dislocation of the shoulder joint, as well as fracture in its vicinity, in certain instances, pain, in attempting to move the joint, is greatly complained of, although nothing can be found wrong. Now, to relieve this affection, the patient should be placed in the same position as if he actually had an old dislocation, and subjected to the same process of manipulation. Such was the advice of the late Mr. Colles. I have put this practice into execution with credit to myself and advantage to the patient. In the treatment of fractures, patients will be most anxious to throw off the splints. In case it should be the femur, tibia or fibula, in the event of the patient commencing to walk too soon, either shortening or curvature may be anticipated. The patient should be enjoined to keep quiet for a given period, varying the time according to the age and constitution, and by this precaution ward off the possibility of his being stigmatized in popular language, as a "botch."(4)

ALBUMINURIA.

One of the most intractable maladies the physician is called upon to prescribe for, is Ascites or Anasarca. A searching examination must be instituted to ascertain the cause of the disease, and thus be enabled to give a correct prognosis. If a patient in the last stage of phthisis presents œdema of the lower extremities, of course his doom is sealed. Again, if œdema of the face with a similar condition of the ankles is apparent, and valvular disease of the heart can be recognized, an unfavorable announcement will be justified. If ascites is present, and it depends on cirrhosis of the liver, it may be foretold that there is no chance of recovery. Again, if anasarca depends on the presence of a malignant tumor in the chest or abdomen, or the presence of aneurism, a fatal termination may be predicted. I now come to another form of dropsy which is involved in considerable difficulties with respect to its prognosis and treatment. I refer to that form of dropsy connected with or depending on Albuminuria. A patient will seek advice under the following circumstances: he will say that he has not been well for some time; that he had been exposed to cold and fatigue; that latterly he perceived his boots got too tight for him, as also his pantaloons; that he has lost his appetite, and that he is scarcely able to walk, his limbs are so heavy. Very often, on making further inquiry, he will tell you his business compels him to take a good many drinks of spirits during the day. On looking at his legs the skin will be seen shining, and communicate a firm resistance on pressure. The face will present a pale, unhealthy hue. The patient, in answer as to

whether he passes urine freely, will say he does; and on asking him to pass a little, it will be perceived that it is paler than healthy⁽⁵⁾ urine, and that it will readily coagulate by heat; that the addition of nitric acid will throw down a flocculent precipitate. The patient, under such circumstances, may be fairly pronounced as laboring under Bright's Disease of the Kidneys. Now, another individual, whose history is much the same as the former, will seek advice, laboring under Anasarca. His urine, however, will be found to be of a higher color than healthy urine; it will give evidence of being loaded with albumen by the application of heat as well as by the addition of nitric acid. He will be also found to have some complexion. Now, with respect to the treatment, I usually direct the patient to take a smart purgative and have a warm bath every second night. If there happens to be any evidence of bronchitis or congestion of the lungs, a large blister is applied between the shoulders, and he is directed to take calomel, digitalis, and squills, of each a grain, three times a day until the mouth gets slightly sore. A purgative is next given; nutritious regimen and a wineglassful of Holland gin mixed with water, three times a day, are next prescribed. In due course, the patient is given the tincture of iron during the day, with Dover's powder at bed time. It generally follows that the Anasarca rapidly disappears. I could cite several cases where the treatment just stated was attended by the most gratifying terminations, the subjects being restored to health. All, it is true, did not get well; in some, it would be an impossibility, such a vast extent of disorganization having occurred.

The principle of the treatment just detailed is founded on the fact that albuminuria in many cases is connected with inflammation. Rayer considers granular degeneration a species of inflammation. Solon says that acute nephritis is attended by albuminous urine. Now, it may be easily conjectured, that every slight change in the delicate structure of the malpighian bodies might interfere with their normal functions in the secretion of the urine; and moreover, if the malpighian bodies become congested, and Rayer thinks he has seen them so, may not an inflammation be the consequence, with a trifling deposition of lymph? Now, assuming such a state of things, it is quite rational to give the patient the benefit of a doubt. Mercury is unquestionably the most powerful medicine for stopping inflammation, as well as removing its deposits in the form of lymph or serum. I am well aware that very high authorities condemn the exhibition of mercury in cases of granulated kidney. Dr. Christison reprobates its use, and Dr.

Bright found no advantage from its administration, whilst Dr. Osborne ignores it altogether. To oppose the doctrines of such deservedly eminent physicians would appear to be almost presumptuous; but the objection can be answered, by assuming that the cases which I treated were simple nephritis or granular degeneration in the first stages, and that Dr. Bright's cases were in the second and third stages, when reparation was impracticable. There is one circumstance which is admitted by all parties, and is well worth attention as evidencing the supposition that granular degeneration is the sequel of inflammation, and also as demonstrating the utility of giving mercury. I allude to the propensity of inflammation attacking the serous membranes, as well as other organs. Does not this fact to a certain degree prove that there is an inflammatory diathesis in the system—that at the commencement it selected the kidneys, and afterwards seized on other parts? In concluding my crude notice on this critical and very intricate subject, let me be understood, that I did not attribute the salutary influence to the mercurialization exclusively; the warm baths by exciting increased exhalation from the cutaneous surface, the diuretics by acting on the kidneys, as well as the subsequent exhibition of nutriment combined with the preparations of iron, constituted an important item of the treatment.

CHRONIC INFLAMMATION OF THE JOINTS.

In no department of surgical science have greater advances been made than in the management of diseased joints. Limbs are now preserved, which formerly would be condemned to be amputated. In some cases the operation of excision is demanded, whilst in others medical treatment may be confided in. I have known numerous cases of knee, ankle, wrist, and elbow joints, where inflammation apparently commencing in the synovial membrane, extended to the cartilages, and where a crepitus could be felt on moving the ends of the bones together. The treatment I am in the habit of adopting, consists in keeping the joint perfectly at rest, supporting the constitution when the patient's strength is impaired by irritation and long-continued torture, administering Dover's powder at bed time to induce tranquility, and iodide of potassium to control the ulcerative process and absorb extraneous substances. On the subsidence of pain, the joint is bound up with straps of chamois, or fine bazil leather, having the emplastrum ammoniacum cum hydrargyro spread on them, which are replaced, as soon as the patient begins to move about, either by pasteboard or gutta percha splints. I will briefly give the particulars of a few cases.

Mr. P——, a plasterer, about 21 years old, of bilious temperament, says he has been suffering for some months past with a severe pain in his left knee; that he is after leaving the hospital, where he was advised to have his thigh amputated. He is now greatly emaciated, and looks wretchedly miserable. On inspection, his knee presents a globular appearance, the delineations of the joint are lost; the muscles of the thigh as well as of the leg are greatly wasted; he cannot lay any weight on his foot, and touching the joint causes great pain. He says he is in great agony during the night. He declares he would sooner die than lose his leg. I advised him to take nutritious diet; to take a pint of porter daily; to take ten grains of Dover's powder every night, and eight grains of iodide of potassium in a bitter infusion, three times a day. I next strapped up the knee with empl. ammonia. cum hydrag., commencing two inches below the patella, and extending about two inches above it. The patient shortly manifested signs of improvement; he regained flesh, and the joint ceased to create so much annoyance. The treatment was steadily and perseveringly pursued for some months, when he insisted on resuming his occupation, which had, it seems, no bad effect, as he has since worked at his trade, and has now almost the perfect use of the limb, the thigh and leg being the same size as the sound one.

Miss C——, aged twenty years, complains of great pain in the wrist; the joint is considerably swelled; she experiences great pain on moving the joint; a distinct crepitus can be recognized between the bones of the carpus. I placed the hand and forearm in splints, directed the patient to take Dover's powder and iodide of potassium. In the course of some days the urgent symptoms abated, and in some weeks she acquired very good use of her hand.

Mr. O'C——, aged forty, has been in great torture for some time with a pain in his left ankle. The joint is considerably swollen, and motion causes great pain. He is very much reduced in flesh. I ordered him to take nutritious diet and porter, Dover's powder at bed time, and iodide of potassium in the course of the day. The patient continues to improve, and is now able to walk with scarcely any lameness.

Now, the iodide of potassium appears to be the chief agent in promoting a beneficial result in the foregoing cases. The action of mercury and iodide of potassium is very closely allied in their physiological effects on the constitution. Both medicines are calculated to arrest inflammation, as well as remove its consequences. The exhibition of

mercury is indicated in acute inflammation of the joints, whilst iodide of potassium seems better adapted for the treatment of chronic affections of the articulations. There is one thing I would wish to comment on—that whereas iodide of potassium will remove nodes or thickening of the periosteum, mercury, if long continued, will generate disease of the bone as well as periosteum.

VALGI.

I have had several boys and girls, whose ages varied from fifteen to twenty-two years, under treatment for a peculiar disease affecting the feet, constituting a species of idiopathic valgus. The persons subject to this complaint are generally obliged to stand at their employments, and the history they give of the disease, is, that they have suffered for a considerable period from pain in the ankles; that latterly, they cannot attend to their business, being unable to stand or walk. On examination, one or generally both feet will be found everted; the hollow under the arch of the foot obliterated, the internal ankle projecting inwards; a considerable depression anterior and internal to the external ankle, the tendons of the extensor communis digitorum will be felt rigid; the person will be seen to stand on the ball of the great toe and the internal edge of the heel, whilst the outer edge of the foot is raised from the ground. Now, the mode of treatment consists in dividing the tendons by sub-cutaneous section, and at once restoring the foot to its proper position by the application of a bandage and gutta percha splints, rendered pliant by immersion in hot water, so as to take the cast of the foot. Care must be taken that the tendons do not unite, otherwise the operation will not be attended with success. The same observation is true of varus, notwithstanding the high authority of Professor Syme, (⁶) who says it is merely necessary to divide the tendons without the application of any apparatus, to keep the foot in a normal position. It is quite evident, either in the case of varus or of valgus, that if the tendons quickly unite, the condition of the foot must be precisely in the same predicament as before the division of the tendons. In the case of varus, I apply a modification of the instrument recommended by Mr. Liston, and after two or three weeks, gutta percha splints, as recommended by Professor Post. It may be said that when the tendons are divided, they are at once retracted by the action of the muscles. I admit, this is what follows at once on their division, but it is extraordinary with what rapidity the muscles relax and allow the cut ends of the tendons to meet again; I speak of this matter from ample experience in several cases.

CLIMACTERIC DISEASE.

Sir Henry Halford, under the title of Climacteric Disease, has pointed out, that at certain periods of life the constitution is liable to undergo a very great change; so that a man somewhat advanced in years, apparently in vigorous and robust health, may all at once be reduced in appearance, and present all the characteristics of a man stricken in years. Now, it is highly important as well as practical, to remember, when an old man or woman meets with a severe or even mild accident, that the constitution will be unable to withstand its shock at this critical epoch of life; and it is incumbent as well as prudent on the part of the surgeon, to minutely inquire into the previous history of the patient, in order to be enabled to give a correct prognosis as to its termination. A man, for instance, who could sustain a great injury or a capital operation with impunity at the age of sixty-two, will be found, after the lapse of a year, to sink under similar circumstances. (?)

PHTHISIS.

There are more grown-up persons destroyed in this city by pulmonary consumption than by any other disease. With respect to the question, as to the contagious nature of phthisis, the opinions of medical men are divided on the subject. Now, from witnessing a vast number of cases, I am fully convinced that it is exceedingly dangerous to breathe the same atmosphere or sleep in the same bed with a patient laboring under consumption. I have repeatedly known men affected with this disease, and at a subsequent period witnessed their wives, also, smitten down with it, or *vice versa*, with respect to women and their husbands. It is not my purpose to enter into a controversy on this point, but "facts are stubborn things," and they are affirmative as to the liability of sound persons contracting the disease from those suffering under it. It would appear that the seeds of the disease are slowly and insidiously sown, and arrive at maturity about a year after the first party has probably paid the debt of nature. It is necessary, therefore, to interdict persons sleeping in the same apartment with a phthisical patient. I have also noticed, that in men, generally, the left lung is the seat of tubercles, whilst in women the right side is oftener affected.

TREATMENT OF PHTHISIS.

Having had to treat an immense number of persons laboring under phthisis, I have watched its progress in every stage. In some, where the tubercles were in a crude state, indicated by the physical signs of

dullness on percussion and absence of the respiratory murmur in the part of the lung implicated; in others, again, where dullness on percussion and a muco-crepitant râle indicated that the tubercles were in a state of softening or ulceration; whilst in another class, a slight dullness on percussion, with metallic tinkling and amphoric respiration, announced that a large cavity existed. Now, I am in the habit of ordering patients laboring under this disease, the following regimen and medicines. I direct cocoa sweetened with sugar and milk, with bread and butter, a fresh egg or two beaten up in a cup with boiled water, sugar, and half a glass of sherry wine, or French brandy, for breakfast; a mutton chop or beef steak, with bread or potatoes, for dinner, with a tumbler or two of porter; cocoa, bread and butter, for supper, with a glass of porter half an hour after this meal; six drops of naphtha medicinalis, which is daily increased until the dose reaches forty drops, three times a day, in some water before meals, a tablespoonful of cod liver oil, rendered palatable by a little tincture of cinnamon, one hour after meals; Stokes' Liniment to be rubbed under the clavicles every night at bed time. Exercise as much as possible, in the open air, is recommended at all seasons of the year. The patient is informed that he must steadily persevere in the mode prescribed, for at least six months. It is astonishing how quickly some persons will improve, and eventually seem to throw off the disease altogether. I never saw a patient who was not ameliorated by the treatment, and it is remarkable after some time, how much the patients relish the regimen as well as the nauseous cod liver oil; persons from being in a state of emaciation and debility, grow plump and strong; the nocturnal perspirations will cease to harass the patient, and the pulse will come down to the natural standard. I have been, it may be said, superfluously minute in giving the particulars of the regimen, but my reason for doing so will be presently understood. In the first place, where there is so much wear and tear of the constitution in consequence of the destructive process going on in the lungs, it is essentially necessary that the loss sustained should be provided for, which end is accomplished by the nutriment, porter and cod liver oil. The *modus operandi* of the treatment will be better understood by asking, Does the hypo-phosphate of lime or soda, as advanced by Dr. Churchill, cause the disintegration of tubercle and its elimination from the system? Experience alone will answer this question; but should such be the fact, then the *rationale* of the treatment delineated can be easily explained. The albumen of the eggs

contains phosphate of lime, the fibrillæ of meat contain phosphorus, carbon, and oxygen; phosphorus, phosphoric acid, salts of lime, and soda form some of the ingredients of cod liver oil. I will not dwell longer on this subject, but observe, as the presence of carbon is necessary for the generation of animal heat, that all the articles prescribed contain it in abundance.⁽⁸⁾

SYCOSIS MENTI.

One of the most obstinate diseases of the skin is Sycosis. The fact of its long continuance, in opposition to every description of treatment, proves the necessity of finding out some powerful remedy for its eradication. Acting on the discovery of M. Gruby, that the disease was produced by a cryptogamic plant surrounding the roots of the hair, I determined to destroy the parasitic growth in the matrix of the hair. It will be remembered, where the disease is far advanced, all parts of the face liable to have beard, particularly the chin and upper lip, will be found presenting a series of elevated patches or tubercles encompassed by pustules or crusts, with pus occasionally appearing at the roots of the hair. Now, the first thing to be done is to get the parts as cleanly as possible shaved, a matter sometimes of very perplexing accomplishment, as the patient experiences great pain. The diseased portions being now more distinctly brought into view, are freely and deeply scarified with a lancet or scalpel, so that the parts bleed considerably; the white muriate of antimony, or strong nitric acid, is now liberally applied to the cut surfaces; afterwards some cold water with a sponge, to relieve the burning sensation, which I should mention is not so great as might be anticipated, and next a poultice of bread and water, is applied to the part. The process may require to be repeated once a week for about three weeks, when the complaint will be found to be almost cured, and merely call for some diluted citrine ointment to heal up the parts. I have treated four patients in the manner thus described, and with the most decided success, in some of whom the malady had existed for months. I should state that all the patients declared they contracted the disease at barbers' shops. Now, this disease being a local one, constitutional treatment is not attended by satisfactory results. The *modus operandi* of my treatment will be readily understood. The parasitic growths which envelop the roots of the hair must be totally destroyed, otherwise a fresh crop will spring up. The free and numerous cuts with the lancet or scalpel expose the roots of the hair with the parasitic entanglements, and the muriate of antimony

or nitric acid destroys the parasite, which cannot resist the influence of such a powerful agent; and it follows that the cause being removed the effect will cease, and that the patient will be restored to a state of comfort, to which during the existence of the "Barbers' Itch" he was a stranger.

HÆMORRHOIDS.

A numerous class of persons are troubled with piles. When they are external, they are, of course, easily managed and can be excised; when they are internal, however, there is more circumspection demanded. The highest authorities recommend applying ligatures to internal piles, in order to avoid the perils of hæmorrhage. Now, it sometimes happens that a man may become perfectly anæmic from loss of blood per anum, who will tell you that every time he evacuates the bowels he hears the blood "trickling." On giving him a purgative euema, and on its operation a prolapsus ani will be the consequence, when the hæmorrhoidal veins will present the appearance of a small bunch of grapes, and blood will be seen to flow in a stream from one of the veins mostly high up in the rectum. I am convinced, when this condition of things is apparent, that the application of strong nitric acid, as recommended by Dr. Houston, of Dublin, to all the hæmorrhoidal tumors, as well as the bleeding orifice, is the best mode of proceeding. It arrests the hæmorrhage, and causes obliteration of the varicose hæmorrhoidal veins. Two or three applications are sometimes necessary. To a person unacquainted with the fact, it might be reasonably conjectured that excruciating pain should ensue on the application of the acid to such a sensitive part; but this is not actually the case; comparatively speaking, the pain is trifling, and soon subsides on the application of cold water to the part. There is one advantage the nitric acid has over the ligature, that it causes less suffering, and is not apt to be followed by phlebitis; and as dangerous consequences have resulted from tying the saphena vein for varicose veins of the leg, *a fortiori*, why should not similar evils be anticipated from the ligature of hæmorrhoidal veins? I will now shortly detail a case which I had to treat in the summer of 1856.

Mr. G——, aged forty years, stated that he resided in the country, and that his health had been breaking down for several months; that he had recourse to sea bathing, under the impression that he had liver-complaint. He felt exceedingly weak and very much fatigued by walking; his countenance was pale and dejected, his pulse was quick. He said that for some time he passed large quantities of blood whilst

at stool. Having administered a purgative enema, the bowels responded in a short time, and a prolapsus ani took place, exhibiting a large cluster of nodulated hæmorrhoidal veins. Blood flowed in a stream from an opening in one of these at the upper part. I now, by means of lint tied to a glass rod, freely applied nitric acid over all the tumors; I then applied cold water and left the patient, who informed me that the pain was of no moment; that he did not mind it. I again, in consequence of his having some discharge of blood, repeated the operation of the acid, in a few days afterwards. From this time the patient convalesced rapidly. I saw him about two months ago in excellent health, and he had no return of the disease.

SYPHILIS.

In no department of surgery has a greater revolution taken place than in the treatment of the venereal disease. From the period Mr. Hunter published his standard work on the subject, up to the time Mr. Carmichael, of Dublin, published his essay on the venereal disease, in 1814, persons contaminated by illicit intercourse were doomed to long and injurious courses of mercury. Mr. Carmichael demonstrated that the only form of syphilis which required this exhibition of mercury was the one so clearly described by Mr. Hunter; and after giving the definition of chancre in Mr. Hunter's own words, and emphatically insisting on the necessity of recollecting its true diagnostic characteristics, proceeded to show that there were six species of primary pseudo-syphilitic disorders. First, a superficial ulcer without induration, but with elevated edges; second, a similar ulcer, destitute not only of induration, but elevated edges; third, an excoriation of the glans penis and internal surface of the prepuce, attended by purulent discharge; fourth, gonorrhœa virulenta. These forms he placed in the first class; whilst in the second order he placed—first, the phagedenic ulcer; second, the sloughing ulcer. Mr. Carmichael next proved that all the forms included in the first class could be cured without mercury, and that the others comprised in the second class were not only *not* relieved by mercury, but were positively aggravated by its administration. His views at the time of their promulgation were violently opposed by the advocates of the mercurial system, yet the incalculable advantages that have since accrued to the members of both sexes who indulge in promiscuous venery, cannot be over-estimated. After the lapse of forty years, it must be gratifying to the lovers of truth, that, although the name of Carmichael does not occur in Ricord's writings on syphilis, still this great French surgeon admits that there are

many ulcers on the genitals which are not syphilitic, and says that no man can distinguish the true nature of the ulcer without the process of inoculation. Now, although Ricord is entitled to a great deal of credit for enunciating this mode of diagnosis, yet it must be acknowledged that a still larger share of merit is due to Mr. Carmichael, who had the discrimination and tact to recognize the spurious ulcers from the true Hunterian chancre, with the constitutional symptoms peculiar to it, viz: the scaly copper-colored eruption, and the excavated ulcer in the tonsils, being the only form of syphilis which called for the use of mercury; and Ricord, by his experiments of inoculation, has arrived at the same conclusion; at least it will be perceived by a perusal of his cases and remarks, that in the cases in which he deemed it necessary to give mercury, the ulcer partook of the Hunterian chancre. His classification of the forms of ulcers on the genitals, as well as treatment, is much the same Mr. Carmichael's. Mr. Acton, Ricord's pupil, in his work on syphilis, supports much the same doctrine as his great preceptor with respect to the various forms of ulcers and the mode of treatment that Mr. Carmichael did at the time of the publication of his work. Indeed, there is a very extraordinary coincidence not only in the treatment of syphilis, but also in that of gonorrhœa, by strong injections, by the last mentioned authors, and their reasons for adopting the treatment are much the same. I fear I have made a digression, but regard for the memory of Mr. Carmichael, whose able clinical lectures I have had the advantage of attending, as well as examining the cases exhibited by him to his pupils at the Richmond Surgical Hospital, Dublin, impel me to vindicate his claims to priority in teaching the true nature as well as proper treatment of the venereal disease. To revert to the subject, however, as mercury is only required in one form of the disease, namely, the Hunterian chancre, and its sequelæ, it is not a matter of surprise that the mischievous consequences that were so visible when mercury was indiscriminately used, is now of such rare occurrence. A person now very seldom sees a toothless and pug-nosed individual, who has the bridge of his nose deformed in consequence of the nasal bones being destroyed, in addition to the loss of the lower jaw, by necrosis, thus interfering with the process of mastication, and the harmonious intonation of the voice, or a patient covered with rupia or foul ulcers, rendering his presence an abomination from the foetid effluvium emitted from his body. I think it may be confidently stated, that ten cases of what are called ~~second~~ **twenty years ago** for the one now.

This change may be fairly traced to the destruction of the virus by caustics, such as the Vienna Paste, before it has contaminated the constitution.

As an evidence of Mr. Carmichael's correct ideas with respect to giving mercury in pseudo-syphilitic diseases, I will quote the testimony of one of the ablest and most determined opponents of his doctrine, namely, Professor Colles, who strongly advocated the use of mercury. (*) He admitted that the pustular eruption could be converted into rupia. Wherefore, if such be the fact, may it not be fairly deduced, on the same principle, that, by a further stimulus of mercury, the rupia may be the harbingers of necrosis? and, if still further persevered in, may it not produce a state of cachexia, as shown by Mr. Carmichael, and analogous to the quartan stage of Ricord? I have remarked that the scaly eruption which follows the Hunterian chancre is most frequently to be met with at the present time in infants. It breaks out on them in periods varying from a fortnight to six weeks after birth. I shall, without further preface, submit some interesting cases.

Mrs. P. applied to me last summer twelve months, relative to an infant, which she stated was about five weeks old; that she was nursing it for three weeks; that at the time she got it to nurse, there was an eruption coming out on its body. The infant now presented a shrivelled, swarthy, and sharpened countenance, and was in a state of great emaciation; the body, face, and extremities were covered with a scaly eruption, and some places were covered with thick crusts, under which matter oozed out. The palms of the hands as well as the soles of the feet were cracked, and the cuticle peeling off. The infant could not breathe in consequence of mucus filling the nose. It was the offspring of French parents, and, as well as I could collect from the nurse, were not of the most virtuous habits. I recommended the nurse to give it up to the mother, as it was not safe for her to continue to nurse it; she accordingly did so, and I heard no more about the case until she applied to me last summer with an infant of her own, about a month old, covered over with a scaly eruption, and having snuffles in the nose, the cuticle cracked on the palms of the hands and feet, the countenance pale and unhealthy looking. On making inquiry, she told me her former child was still-born, that it was too large to be delivered alive, and had to be brought away by instruments. She further stated that the French infant bit her nipple, which had a sore on it for some time; that she had some sores afterwards about the private parts. I told her to inquire from her husband if he ever had any private disease. He said

he had, about thirteen years previously. I directed the application of a scruple of mercurial ointment to the thigh, to be continued until the evacuations become green. The disease yielded to the treatment, and the child is now well.

About three months ago, Mrs. G. consulted me in consequence of having little or no milk. She had an infant six months old at the time. I told her to provide a nurse. She did so, accordingly, and in two months afterwards she discovered that the nurse was covered over with an eruption; that one of her eyes was greatly inflamed. She thereupon dismissed the nurse, and resolved on spoon-feeding the child. In about a month after she sent away the nurse, the child began to get sickly looking and restless, and an eruption broke out on its body. On examination, the infant is covered with a scaly eruption, which is particularly well marked over the nates. The cuticle on the palms of the hands and toes is cracked. The child is pale, and cannot breathe in consequence of the obstruction in its nose. I ordered the inunction of mercurial ointment, and the child recovered.

Now, these cases are curious and important; firstly, for presenting the characteristic cutaneous eruption peculiar to the true syphilitic chancre, and demonstrating the truth of Mr. Hunter's description of the disorder, that there is only one kind of true syphilis, by which alone the constitution can be contaminated, and which can be propagated to the offspring in its original character. Secondly, the question as to whether the French infant communicated the disease to the nurse, and through her to her own infant, I believe, from the fact that the nurse's own infant was a large one, and that she had come to her full time; these are good grounds for believing that the French infant communicated the disease to the nurse, and this opinion is sustained by Mr. Colles, who strangely maintained that secondary symptoms could be communicated. With respect to the nurse, in the second case, I did not see her, but I am satisfied, from the description given, that she was laboring under iritis and syphilitic eruption; besides, taking into account the age of the infant, which was nine months old when the eruption broke out, the presumption is, that the nurse contaminated the infant. However, as this is a position that may be controverted, I merely state the facts as I got them. It would be foreign to my purpose to go into a discussion on the question.⁽¹⁰⁾

PREMATURE DELIVERIES—STILL-BORN INFANTS.

It is astonishing the number of married women who are accustomed to be prematurely confined at six, seven, and eight months, whilst

many others who complete the full period of gestation are either delivered of still-born infants, or such as only survive a few days or weeks after birth.

I have repeatedly had ladies consulting me in consequence of having had several premature confinements, as well as still-born children, who were naturally anxious that their progeny should survive. On making an examination, and going closely into particulars, I could almost invariably connect the grievance complained of to a syphilitic taint in the husband. Under such circumstances, I have succeeded in bringing joy to mothers by adopting the following course: I commence, by assuring the woman that if she is guided by my advice, she will certainly have a living child at her next accouchement. I deem it a very great advantage to make an impression of this kind on her mind. I then request her to call on me when she is about ten weeks pregnant, when I direct her to take five grains of blue pill every night for a fortnight, or until the gums are tender. As soon as the system shows the action of the mercury, the blue pill is stopped, and the patient is desired to apply again between the fifth and sixth months, when the same course is again put into practice, and reiterated a third time, between the seventh and eighth months. The patient is advised to take light nourishing diet, and be out a good deal in the open air. At the expiration of the usual time, she is delivered of a healthy, well-formed infant.

It would be superfluous to discuss the matter at length, as the reasons for pursuing the treatment must be self-apparent. I am well aware the theory of the practice may be objected to, but as facts are more argumentative than words, it is only necessary to state that the treatment above recommended has been attended by the most singular and entire success.

I have extended this article to a much greater extent than I intended. I am well aware that many imperfections may be found in it. As it would be superfluous to make any apology, I have merely to add—

— Si quid novisti rectius istis,
Candidus imparti, si non, his utere mecum.

NOTES.

1. Diarrhoea Serosa of Mason Good.
2. See page 125 on some Diseases of Women, by I. B. Brown, &c.
3. Sir Everard Home formerly entertained a particular theory that fluids passed from the stomach directly into the spleen. Though his observations disagree very much with those of Magendie, they corroborate one point maintain-

ed by the latter physiologist, that fluids pass from the alimentary canal into the circulation by some other channel than the chyliferous vessels. See Good's Study of Medicine, vol. 1, p. 29. Since the discovery of Dutrochet of endosmosis, it is evident that the views of Sir E. Home are correct, and the same theory, I conceive, is equally applicable to the liver. See vol. 2, Cyclopædia of Anatomy and Physiology.

I am well aware that the explanation of cirrhosis of the liver being induced by endosmosis is contrary to the doctrine of the received opinions on the subject, and may appear absurd; but when it is recollected that the disease is always found, at least such is my experience, in persons who take liquor into empty stomachs before breakfast, and never occurs in those who freely indulge in copious libations after dinner, but never at any other period in the course of the day, who prolong life to a good old age. That such is the fact must be admitted by those who have witnessed the habits of the higher classes in Great Britain and Ireland. Now, I think the matter can be accounted for on the principle, that in the former case, when the brandy is taken into the stomach, it does not at once cause a secretion of the gastric juice, but simply excites the extreme filaments of the par vagum, and thus propagates the stimulus to the brain, which, by reflex action, causes the secretion of the gastric juice, and thus creates an appetite for food, whilst the brandy in the meantime passes through the coats of the stomach to the liver, which is in its immediate proximity. In the latter case the brandy becomes commingled with the food in the stomach, and after the process of chymification and chyfication is accomplished, passes into the portal circulation, and being now diluted has not the same pernicious effect on the liver.

4. When a child or grown-up person meets with an accident, the sufferer is at once brought to the nearest surgeon. The case may be a fracture or dislocation. On the doctor reducing the one or adjusting the other, he dismisses the patient with instructions to return at a certain period. In very many instances the patients neglect the admonition. After some time, on finding matters not to their satisfaction, they loudly complain of the doctor, and apply to another. In these cases there is no blame to be attached to any person except the patient or his friends. I think it necessary to mention this circumstance, to put young surgeons on their guard, and thus preclude the possibility of having their reputation injured by not interfering at all under such circumstances, without being guaranteed the full charge of the patient.

5. The urine resembles a mucilaginous fluid, and is destitute of the coloring matter of the urine. I am of opinion that this is the kind of urine which is truly pathognomonic of Bright's Disease.

6. See vol. 1, p. 469, *Lancet* for June, 1855. Professor Syme adduces cases of varus where no apparatus was used, except a figure of 8 bandage. Mr. Syme, in the same lecture, says that in talipes valgus the peroneal tendons are always too tight, and in the present case alone affected; that the tendo Achillis may or may not be contracted.

Professor Erichsen, at p. 651 of his work on Surgery, says that the peroneal tendons, as well as the extensor digitorum communis, are always tense, and further that the gastrocnemius is generally paralyzed. In the cases which came

under my observation the tendons of the extensor communis were alone rigid; the peroneal tendons did not appear to be implicated, and I could *not* detect paralysis of the gastrocnemius nor contraction of the tendo Achillis. The internal or deltoid ligament is put greatly on the stretch when the person walks, and causes pain, and the extensor communis is thrown into action by an effort of the patient to relieve the pressure. Both professors state valgus to be a very rare affection; in this city, I believe, its frequency is next to varus.

7. For a particular description of Climacteric Disease, see article AGE, Cyclopædia Practical Medicine, Climacteric Disease, Copeland's Dictionary of Practical Medicine.

8. Professor Liebig says that the principal use of the bile is to afford fuel, in the shape of carbon, to the lungs; now the porter, cod-liver oil, and naphtha promote its formation, and thus contribute towards the generation of animal heat.

As it is customary to recommend phthisical patients to go to a warm climate, such as Cuba, Florida, Madeira, &c., in order that they may enjoy a warm and congenial air, and as it happens that the component parts of the air are the same in Northern as in Southern climates, it follows, as a consequence, that the only difference in these locations is the degree of temperature of the atmosphere. Therefore, if the latter object can be accomplished by the production of a due quantity of carbon in the system to create a high temperature, not only in the lungs, but throughout the entire body, it must be conceded that a change of climate is not demanded. Now, it appears that when a phthisical patient is sent to a warm climate, the cutaneous transpiration is increased, whereby the carbon is carried off, and, in the event of an insufficiency of carbon being in the system, if the oxygen be absorbed in greater quantities during the day than is required, it excites fever or irritation to a certain extent, which is subsequently thrown off during the night by an effort of nature in the shape of a copious perspiration. The conclusion to be arrived at, then, is, that a cool climate, if the patient is kept well clothed, is just as good as a warm one. A clear, blue sky, of a frosty day, when all noxious exhalations are annihilated, is more salubrious than a warm day with a similar sky, when unhealthy emanations spring forth from all terrestrial sources.

I apprehend I may be accused of theorizing unnecessarily. I will therefore conclude, by stating a simple fact, namely, that I have been in the habit of sending many persons to the South during the winter, and those who remained in New York and followed the directions given them, were in a better position at the end of the winter.

9. No one fact can be more clearly established than this—that if mercury be used too largely in cases of pustular eruption, the latter will quickly degenerate into venereal ecthyma or rupia, or spreading venereal ulcers.—*Practical Observations on the Venereal Disease and on the use of Mercury*, by ABRAHAM COLLES, M.D. 1837. See p. 178.

10. By contrasting the following extracts from the works of Hunter, Carmichael, Ricord, and Acton, the original views of Mr. Carmichael will become apparent:

HUNTER's *Definition of Chancre*.—"The sore is somewhat of a circular form, excavated without granulation, with matter adhering to the surface, and

with a thickened edge and base. This hardness or thickening is very circumscribed, not diffusing itself gradually and imperceptibly into the surrounding parts, but terminating rather abruptly."

CARMICHAEL.—"Every word of this description should be strictly attended to, as conveying an exact definition of chancre—so far, at least, as it occurs on the glans and prepuce, though not on the body of the penis, where a slight difference is observable. Ulcers which are not syphilitic, may, but seldom have a fullness and slight induration at the circumference; but this induration does not convey that sensation of solidity and firmness to the touch, which that of a real chancre possesses; neither does it terminate abruptly, but diffuses itself gradually and imperceptibly into the surrounding parts, in which circumstance it differs from chancre so evidently as to be at once distinguished by an experienced practitioner."—*Carmichael on the Venereal Diseases which have been confounded with Syphilis*. Chap. 2, p. 32, (1814.)

RICORD.—"There is not a single symptom of primary syphilitic ulcer which may not be found in ulcers without a trace of syphilis, or which may not be artificially produced. The most perfect assemblage of the symptoms belonging to the true Hunterian chancre, furnishing nearly a rational diagnosis. The only absolute unequivocal and pathognomonic sign which nature or art cannot imitate, is the character of the secretion, demonstrated by the results of inoculation."—*Illustrations of Syphilitic Disease*, p. 154. (1851.)

CARMICHAEL, 1814.

First Class.

1. B. Superficial ulcer without induration, with elevated edges.
2. B. A similar ulcer destitute not only of induration, but of elevated edges.
3. A. An excoriation of the glans penis and external surface of the prepuce, attended by purulent discharge.
4. C. Gonorrhœa virulenta.

Second Class.

1. D. The phagedenic ulcer.
2. E. The sloughing ulcer.

RICORD, 1851.

1. A. Primitive follicular ulcer, virulent adenitis.
2. D. Primary phagedenic ulcer, with serpiginous character.
3. E. Primary ulcer, acute balanoposthitis. Phymosis, gangrene. Annular indurated primary ulcer, with ecthymatous origin.—*Hunter's Chancre, in a bad constitution* (?)
4. C. Blenorrhagic urethritis. Primary ulcer of the meatus urinarius.
5. D. Diphtheritic phagedenic primary ulcer.
6. B. Diphtheritic pul-taceous primary ulcer.
7. B. Diphtheritic non-indurated primary ulcer.
8. B. Diphtheritic primary ulcer with non-indurated base.

ACTON, 1853.

1. Artificial chancre.
2. B. Uncomplicated chancre.
3. A. Inflammatory chancre.
4. D. Phagadenic chancre.
5. E. Sloughing chancre.
6. B. Serpiginous chancre.
7. Indurated chancre. (This might be left out, as it is the Hunterian form.)
8. C. Urethral chancre.

N.B. The similarity of the ulcers in the three tables is indicated by the same letter being placed over each ulcer, showing the one it corresponds to in the other.

Mr. Carmichael, in commenting on the excoriation of the prepuce and glans penis, and on the similarity of this affection to gonorrhœa virulenta, says: "I find that Mr. Whately, in his work on Gonorrhœa, adduces some facts and arguments to prove that the lining membrane of the urethra is affected precisely in the same way as in gonorrhœa virulenta, and asserts, he has been able to trace

those appearances within the orifice of the urethra."—*See an Essay on the Venereal Disease*, p. 93. 1814.

CARMICHAEL *on the Use of Injections*—1814. "Strictures are more generally attributed to the use of strong injections than any other attendant of gonorrhoea, but I have so frequently witnessed their occurrence when injections have never been used, so that I am more inclined to ascribe these affections to the irritation of gonorrhoea than to any other cause. The sooner such irritation is removed the more likely is the patient to avoid those unpleasant visitations that are far more to be dreaded than the original disease. I have, therefore, no hesitation in putting as speedy a termination to the discharge as I can, by the use of the injections above recommended." P. 100.

CARMICHAEL *on Strong Injections*—1814. "I have witnessed many instances of gonorrhoea which had continued for several months, yet were cured in a fortnight, and sometimes a week, by those most useful applications. Though composed of the same materials, they were more dilute than the lotions already described, and were composed of muriate of mercury and lime water, in the proportion of from one to three grains of the former to six ounces of the latter; or of the submuriate of mercury, in the proportion of from ten to twenty grains, suspended by means of mucilage in six ounces of lime water." P. 101.

ACTON *on the Use of Injections*—1853. "Injections are a valuable means, without which it will be often impossible to cure blenorrhoea, although they have often been calumniated. Far from producing strictures, as some have pretended, they prevent them. They are a prophylactic means, not a cause; for it is with them that we cure blenorrhagia at its commencement, and we all know that the longer blenorrhagia lasts the greater the chance of producing a stricture." P. 63.

ACTON *on Strong Injections*—1853. "When a patient is suffering from an old-standing gleet, I do not lose time in trying over again the thousand and one possible remedies, but employ a wax bougie, number six or eight, to test the condition of the passage; usually a more or less irritable surface is felt; in other instances there is incipient stricture. If the instrument detects an irritable, unequal surface, I inject the urethra with a strong solution of nitrate of silver, in the manner and after the precautions already described under the treatment for gonorrhoea, and together with this I order capsules, cubebs, and copabia paste." P. 63.

It is to be remarked that Mr. Carmichael sets out by giving a definition of the true Hunterian chancre, and then points out the pseudo-syphilitic affections differing from it; whereas Ricord confounds all the forms of ulcers on the genitals together with the Hunterian chancre; and his pupil, Acton, pursues much the same course. An analysis of the cases given by Carmichael, in his work, as well as those given by Ricord and Acton in their writings, will show that the same treatment was adopted by the latter which the former found successful in 1812 and 1813. It will be seen that the high-sounding and grandiloquent names used by Ricord, when literally rendered in plain English, will correspond to the definitions elegantly and lucidly given by Mr. Carmichael. Acton gives Ricord the credit of being the first to describe the urethral chancre, but if he refers to Professor Colles' work he will find that this eminent surgeon was

aware of its existence previous to 1837.* I cannot help remarking that Ricord appears to be ignorant of Mr. Carmichael's researches. I trust I will be excused for entering into these particulars by the senior members of the profession, my anxiety being to show the younger members that, notwithstanding it is the custom to charge American authors (although very unjustly) with borrowing from and imitating the French, yet I unhesitatingly assert that the French and English are in the habit of borrowing from the Irish, without making a suitable acknowledgment, as is exemplified in the present case.

Perhaps I may be criticised for stating Ricord does not mention Mr. Carmichael's name in his work. If merely inserting his name amongst a host of French, English, and German authors in an introductory letter to the editor in chief of the "*Union Medicale*, in 1851," can be considered an acknowledgment of Mr. Carmichael's observations, I must confess that I am one of those who simply recognize in it a characteristic *French compliment*.

83 WHITE STREET, 1st January, 1858.

* Of late years, notwithstanding that Dr. Hunter asserts to the contrary, I am confident that I have seen cases of chancres seated altogether in the urethra; such cases have been frequently mistaken for mild gonorrhoea, and have been for weeks treated as such; in some of these cases, the surgeon has not been apprised of his mistake until the ulceration has actually laid open the fore part of the urethra, or has extended forward to its orifice so as to become visible.—See p. 93 of Dr. Colles' Work, already referred to.

SELECTIONS.

FOUNDLING HOSPITALS.

The editor of the *Philadelphia Medical and Surgical Journal*, Dr. Bryan, says: The matter of foundling or infant hospitals we had occasion to examine into in 1838-'39, by appointment of the Preston Retreat of this city. We were commissioned by the Board of Managers, under the direction of a Committee of the College of Physicians, (Drs. Meigs, Ruan, Huston and Gebhard,) to visit all the lying-in hospitals of Europe, and report on their condition and connections in every way. The Foundling Hospital we found to be an invariable accompaniment in all the great cities of the Continent, especially in Italy. The cities of Milan, Florence, Rome, and Naples have large Foundling Hospitals connected with the Lying-in Hospitals. As good Lying-in Hospitals are still much wanted in this country, we take the following extract from a report made by us to the Board and College of Physicians on the subject:

"My stay in *Rome* was much protracted by the delay necessary to obtaining information relative to a fine institution there, termed St. Rocco. After writing to the proper officers of State through our

Consul, and having several interviews with the Secretary of State, the Cardinal who presides over the institution, &c., I succeeded in obtaining a letter from the former, giving a full account of the hospital. He, however, stated that the rules of the house did not permit any person to visit the interior. This letter I have translated from the Italian; it is as follows:

“An account of the regulations of the Hospital of St. Rocco, Rome.

“The Hospital of St. Rocco is of ancient origin, but in its first foundation was designed to receive without distinction all kinds of diseases. And in this hospital most of the diseased in the part of the city near the Repetta gate, were admitted. But having observed that the commodious building of XIV century was too small for all the medical and surgical diseases, Cardinal Ant. Maria Salviati, at his own expense, gave to the house a new form, and enlarged it so as to receive parturient females; the other diseases being received at the same time. But under the Pontificate of Clement XIV, through the influence of Sig. Riminaldi, a law was obtained, commencing with *Supplices preces quas dilectus filices*. Joannes Maria Riminaldus, &c., by which the hospital became exclusively a lying-in establishment. The regulations of the institution at the present time are substantially as follows:

“1st. Parturient females are received without distinction; without question as to name or quality, or anything else, except whether they be pregnant and near child-birth.

“2d. The pregnant may be admitted at a very early period of their pregnancy; but in this case, unless they are poor, or some other circumstance occur to make it gratis, they pay a fee, according to the treatment they desire. The lowest price paid is \$2,40 per month. Having made this a point, they may conceal their names, residence, condition, &c.

“3d. The most rigorous secrecy is observed with regard to the patient and the deposit. The registry of the hospital contains only the number of each one who enters and departs; and only in case of death is it known who the defunct is. The Pio Luogo is not subject to any criminal or ecclesiastical jurisdiction.

“4th. Admission is not allowed to either male or female—to relations or strangers—to laity or clergy, or to those of any other title. The only persons admitted are the physician or surgeon, the midwife, and the servants of the institution.

“‘ 5th. Those who pay or those who do not, may have their faces veiled so as not to be seen either by the physician or the servants; so great are the precautions permitted in favor of secrecy, and of the most strict *seclusion*. The unfortunate children, after suitable precautions, are transferred to the Foundling Hospital, which is a separate establishment.

“‘ The mother may affix to the infant any distinctive mark that she chooses, by which, if circumstances favor her, she may recover her child, after she has left the hospital, even for a length of time. This measure, which at first sight may seem to be an absurd one, is the result of wisdom and experience, and has been productive of the best effects.

“‘ Under a different arrangement, we should either have to reject the present and best system of receiving every pregnant female, who offers herself, without her being asked any questions, or it would be necessary to consign the children to those applying for them.

“‘ Besides, the ability to preserve the strictest incognito, induces the party to seek the shelter of the hospital, and removes the causes of infanticide.

“‘ Many would be alarmed for the future, if the rules were different from those now in force.

“‘ If, again, the child were consigned regularly to the applicant for it, many, in order to conceal the fruits of illegitimate love, in blindly yielding to the first impulses of maternal love, and not aware of the difficulties which they would encounter after leaving the hospital, might take away the offspring, and be afterwards induced to abandon them or destroy them.

“‘ Were, however, the present plan of not asking any questions whatever, to be replaced by that of making minute inquiries, it would be found that the greater number of the inmates of the hospital would declare themselves to have been married, and would feel themselves obliged to take their children away with them.

“‘ The rules of the hospital, therefore, are such that they aid the unfortunate, shield their honor and that of their families, without doing violence to the natural feelings of modesty and timidity.

“‘ Experience has confirmed this truth, and to its operation must be attributed the infrequency of infanticide among us.

“‘ 6th. The inmates, after confinement, may leave the hospital as soon as they are in a fit state to do so; and at hours in which they will be least exposed to observation; taking with them such clothes

and under such precautions as may be necessary. The locality of the hospital is favorable to this object, as the gate does not open on a main street, but into a court with two outlets—one on the via Repetta, which is more of a thoroughfare; the other on a small uninhabited square, which leads to streets little frequented.

“To the hospital are attached a physician, an obstetrical surgeon, two midwives and other attendants who are under the direction of a prioress. The government of the Pio Luogo resides in a body composed of a residing prelate, a priest, and a knight of known probity, under the title of a deputy.”

“Such are the regulations of this hospital; and they are much the same as those of many others in Italy.”

[The following reply to the late slanderous assault upon us in the columns of the *Boston Medical and Surgical Journal*, has at length been extorted from the editors of that weekly:]

LETTER FROM DR. REESE.

We have received a letter from Dr. Reese, complaining that the extract from his communication, which we printed in our last number, does not give a satisfactory explanation of his relations to Dr. McClintock. In order, therefore, to prevent any further misunderstanding in the matter, we print Dr. Reese's letter entire.

“MESSRS. EDITORS—I find, in your last number, p. 430, that I am accused of professional misdemeanors of grave character, and this, too, in an otherwise kindly notice of my Report in the recent volume of the Transactions of our National Association.

“I claim the privilege, through your own pages, to say to your readers, that the statement, charging me with ‘*defending* the dereliction of Dr. McClintock,’ and ‘lending myself to the *support* of quackery, or the *defence* of its followers,’ is regarded by me, and hereby declared, to be grossly libellous, and false.

“So far from ‘defending’ the dereliction of Dr. McClintock, the pages of the *American Medical Gazette* will prove that I was the first to condemn and denounce it on its first inception, though he had been till then my friend. And on his exclusion from the Association, which I had predicted, my Journal sustained that action as a just and necessary penalty for such a prostitution of the profession. Does this look like a ‘defence or support of quackery or its followers?’

"Such an accusation against any man of my age in the profession is simply absurd, but when brought against one so well known at home and abroad as having spent my whole life in uncompromising war upon every phase of quackery, it merits the title of calumny, and betrays a motive which I forbear to characterize.

"The fact upon which this foul charge is based is simply this: During the last year, I received a letter from a distinguished professional brother, officially related to the civic government of Philadelphia, submitting the following question, viz.:

"'Are you sufficiently acquainted with the professional education and experience of Dr. James McClintock, to express your opinion of his capability to take the medical charge of our Almshouse Hospital?'

"Having already learned, by authority, that Dr. McClintock had abandoned nostrum vending, and had returned to the practice of the legitimate profession, I replied, that 'his medical training and opportunities as a teacher and practitioner, for many years, in my opinion, made him capable of filling the place in question.'

"Similar letters, it seems, were sent to other medical men, from whom similar answers were received, no one of whom ever dreamed that he was 'defending quackery,' for the condition precedent in every case was his utter abandonment of quackery! Whereupon, it appears, he received and retains the appointment from the city authorities of Philadelphia.

"Here is 'the head and front of my offending.' My personal relations to the family of Dr. McClintock, and my former friendship for himself, constrained me to reply to the letter asking my opinion of his medical acquirements, *truly*, as I did. And if this merits the 'everlasting reproach,' cast upon me in the *Boston Medical and Surgical Journal*, then I have lived in vain. I only ask that your readers who know me may have my remonstrance in the same channel; and that those who do not know me may learn my denial, and repudiation of the allegations, in fact and in form.

Yours aggrieved, D. MEREDITH REESE,
Editor of the American Medical Gazette."

NEW YORK, Dec. 26th, 1857.

[From the Med. Times and Gazette.]

Chronic Pleurisy with Effusion—Thoracentesis.

An instructive case of chronic effusion into the pleural sac is at present under Dr. JEAFFRESON's care, in St. Bartholomew's. The man is aged about 55, and was in tolerable health, when an illness,

characterized by the symptoms of sub-acute pleurisy, first occurred. This was about five months from the present time. He was admitted about six weeks ago, Dr. Martin being then on duty. The left chest was found to be full of fluid, though not very greatly distended, the heart not being displaced. Puncture of the chest was performed by Mr. Coote at Dr. Martin's request, and upwards of two pints of clear serum evacuated. Dr. Jeaffreson has since pursued a diuretic and mercurial plan of treatment, but without as yet any effect in procuring the absorption of the remaining fluid. The man has suffered but little in general health, and has been allowed to be up and about the ward. The non-absorption of the effusion has suggested to his attendants whether there may not possibly be some mechanical cause for it, in the shape of a malignant tumor or aneurism. Against such a supposition, however, is the man's account of a pleuritic seizure in the first instance, and after all it is not so rare for absorption to be exceedingly tardy in similar cases. There is at present an almost parallel one under Dr. Risdon Bennett's care, in St. Thomas's. In it a man of about 45 has had the left chest just full for about three months, six weeks of which time has been spent in the hospital. Mercurials have been cautiously but fully used, as well as squills, broom, and other esteemed diuretics. No effect on the fluid has, however, as yet been produced. The man is kept in bed, and suffers remarkably little inconvenience. Drs. Barker and Bennett met in consultation three weeks ago as to whether the chest ought to be relieved by puncture, but were of opinion that it would be better not to interfere. A few weeks ago we also saw a case of like nature, only in a much younger subject, under Dr. Barlow's care, in Guy's. In it absorption was just complete, and the boy was about to leave the hospital. Dr. Barlow observed that his faith in the usefulness of thoracentesis had very much waned of late. The majority of cases in which it was adopted would, he believed, do equally well without it.

American Quacks in London.

Since the adventure of Dr. Fell, several American Quacks have arrived in England, evidently impressed with a belief in our extreme gullibility. We cannot deny that one 'cute Yankee has made a good harvest amongst our simple ones, but do not think the process will be soon repeated.

“Pudet hæc opprobria nobis
Et dici potuisse et non potuisse reFELLI.”

One of these newly-arrived men styles himself Dr. Watson, of the "Reformed Medical College," United States, and is now distributing a pamphlet, entitled "Remarks on the Rational Treatment of Spermatorrhœa, and its Concomitant Complaints, by means of the American Curative Instrument," price £3 3s. in silver. This precious production is the very type of unblushing impudence, ignorance and quackery. Persons are cautioned against "applying to country practitioners, who too often not only protract the cure to a longer period than necessary, but not unfrequently permanently damage the constitution of the patient by improper treatment." Such assurance is almost sublime: the wolf cautioning the sheep against their shepherd. All the artifices which the vulpine nature of quackery can suggest are brought into play: garbled extracts falsely applied; the deceptive use of phrases apparently applied to the great and good Dr. Watson; the lie concealed, the lie suggested, and the lie declared. The system is completed by the institution of a "Philanthropic Society of Grateful Patients" of Dr. Watson, cured of "great nervousness, debility, exhaustion of the system, groundless fears, thoughts of melancholy, and directed by Providence (*sic*) to that gentleman." A "Reverend" H. Williams, in pursuance of the resolutions of the committee, transmits a copy, gratis, to thousands of people through the post—and so the sham is completed. As this abominable quack courts publicity, we accord it to him. He seeks a recognition of his services, and will receive it in the indignation of our readers.—*London Lancet*.

On the Physiology of the Human Ear.

By W. KRAMER, of Berlin.

Our knowledge of the physiology of the auditory apparatus is still very incomplete, partly on account of the difficulty of experimenting on the organs of hearing, and partly on account of the imperfection of the science of acoustics. We are happy, therefore, to record the results of the investigations of Dr. Kramer, (*Deutsche Klinik*, 1855,) whose vast experience in the treatment of aural affections is universally known. In reviewing the researches of his predecessors, this author points out the impossibility of determining what takes place in the living ear from experiments on inert matter. His own experiments have been made upon the ear itself, in the healthy and diseased states. It would be out of the question for us to reproduce the details of these experiments; we must be satisfied with the author's conclusions:

1. The cartilage of the ear conducts more than a third of the sonorous waves which reach the membrana tympani.
2. The concha is the most important part of the auricular cartilage.
3. The cartilage of the ear, in its natural position, simply receives and conducts the sonorous vibrations to the auditory passage.
4. The cavity of the auditory passage transmits about 500 times as many undulations as the solid parts enclosing it.
5. The curvatures of the meatus and the cerumen have no influence on the sonorous vibrations.
6. These arrangements serve to protect the canal and the membrana tympani from external agents.
7. The membrana tympani transmits the sonorous undulations in due quantity and quality only while its structure is normal.
8. The membrana tympani also serves as a protection to the drum.
9. The ossicula have but little agency in transmitting the vibrations of members of the membrana tympani to the labyrinth. Their office is rather to support the membrane between two strata of air.
10. The membrane of the fenestra rotunda is designed especially to transmit to the labyrinth the vibrations of the tympanal cavity.
11. The mastoid cells are of trifling acoustic importance.
12. The Eustachian canal is an open tube. (Dr. Toynbee had announced a contrary opinion.)
13. Through this tube the air of the tympanum is renewed, and the sero-mucous secretion of that cavity eliminated.
14. Hearing is not entirely destroyed by the absence of the fenestra rotunda and the loss of the liquor cotunnii.—*Montreal Med. Chron.*

[From the Brit. and For. Medico-Chirurgical Review.]

On Bleeding from the Ear as a Consequence of Injury done to the Chin.

By M. MORVAN. (Archives Générales, cinquième série, tome viii, pp. 653–654.)

Bleeding from the ear as a consequence of *contre-coup* has been accepted by surgeons as an almost certain indication of fracture of the base of the cranium. M. Morvan has, however, met with two cases in which injury to the chin gave rise to this phenomenon. The subject of the first of these was a robust lad, five years of age, who had five or six hours before the author's arrival fallen on his face on the pavement, from a height of several feet. Immediately after the fall a large flow of blood took place from the right ear, this being contin-

ued, when M. Morvan saw him, only in occasional drops, in which condition it lasted for three days longer. No fracture or dislocation of the jaw could be detected, and the membrana tympani was not ruptured. The child suffered much from pain in front of the right ear, from attempts at deglutition, and from any movement of the jaw.

In the second case, a very strong man, aged forty-seven, received a kick from a horse on the chin, which almost deprived him of consciousness, and gave rise to an abundant jet of blood from the right ear. No fracture or dislocation could be found, but deglutition was excessively difficult. Prompt depletion dissipated the cerebral symptoms, and all went on well, a considerable amount of deafness remaining in the right ear. The membrana tympani was uninjured.

On searching, the author has been able to find only three analogous cases, and these only meagerly detailed, making thus, with his own, five cases. In three of these the blow on the chin resulted from a fall, and in two was produced by a kick from a horse. In three, the bleeding took place from one ear, and in two from both ears. In the author's cases the force acted obliquely, and the bleeding occurred on the opposite side to that of the point of contact. When bleeding has occurred from both ears, the blow has been central. In one only of the five cases did fracture of the jaw occur. In order to produce bleeding by this form of *contre-coup*, it is probably necessary that the shock should be entirely transmitted to the articulation of the jaw, while, when fracture takes place, its force is usually exhausted in the production of the lesion of the bone.

In the three cases in which the point has been noted, the difficulty of deglutition and mastication has been excessive at first, and has continued for a long period; and M. Morvan suggests that the lesion which gives rise to this symptom, as well as the bleeding from the ear, is a fracture across the glenoid cavity, which explains the occurrence of the abundant hæmorrhage, the membrana tympani remaining entire. Some experiments he has made in the dead body, by inflicting blows upon the chin, have failed to produce this form of fracture, but have induced fracture of the base. Thus no doubt can exist that this description of *contre-coup* may also produce fracture of the base, with bleeding from the ear, and rupture of the membrana tympani; but when we meet with such bleeding as a consequence of violence done to the chin, and without rupture of the membrane, the hæmorrhage may be regarded as a far less dangerous symptom.

A Case of Fibrous Tumor of the Uterus, accompanied with Excessive Hæmorrhage, successfully treated by Excision.

By B. FORDYCE BARKER, M.D., Professor of Midwifery and Diseases of Women and Children in the New York Medical College, Physician to Bellevue Hospital, etc. 1857.

This is an extraordinary case, and its successful issue a triumph of American obstetric surgery. The patient had for nearly a year been under the medical care of the celebrated Trousseau, of Paris. Her case had been carefully examined in a consultation consisting of Trousseau, Velpeau and Nélaton, and the result announced to her and Dr. Smith, her physician in ordinary, that the hæmorrhages were due to a non-pediculated, fibrous tumor of the uterus, which was not susceptible of removal by an operation. She returned to the United States and placed herself under the medical care of Professor Barker, of New York. The hæmorrhage continuing in defiance of all the means used, and it being apparent to all that unless the tumor was removed she must die, Dr. Barker, notwithstanding the operation was regarded impracticable by the great Velpeau and his distinguished contemporaries Trousseau and Nélaton, determined to make the effort. On the 23d of February, 1857, the patient was brought fully under the influence of chloroform, and Dr. Barker proceeded to dissect the tumor from the tissues of the uterus. Not a table-spoonful of blood was lost by the operation. The patient entirely recovered. General Taylor, in a letter from the field of Buena Vista after the battle, said he thought the people of the United States ought to award some credit to his army for its bearing in that action. We think the obstetric surgeons of the United States will award great credit to Dr. Barker for this triumph.—*Nashville Medical Journal*.

DR. MCCLINTOCK—THE JOURNALS.

Our readers are aware that some time since Dr. James McClintock, of Philadelphia, who had formerly held a very respectable position in the profession, having been professor for a while in one of the Philadelphia schools, sold himself to some medicine mongers for a time, for which he received \$5,000.

After a time, Dr. McClintock became satisfied that he had sinned. He repented, and published in the *Philadelphia Medical Journal* an account of the nostrums that had been got up under his direction. Subsequently to this, a vacancy in the office of Chief Resident Physi-

cian at the Blockley Hospital occurred, and Dr. McClintock was appointed to the place. At this pretty much all the editors of the medical journals and the various medical societies took exceptions.

The *N. A. Medico-Chirurgical Review*, and the *American Journal of Medical Sciences*, are eloquent in their denunciation of the Board that appointed Dr. McClintock to the place.

What now are the points in this case, and what is the rule of action with reference to such offences?

Dr. McC. sinned—disgraced himself and family, if you please. But he has *repented* of his sins, and published to the world the evidence thereof. Yet, notwithstanding this, the journals are still down on him. They are for proscribing him forever from the profession; for not taking his repentance in any way into the account.

We would like to know how these gentlemen, who we understand are "*believers*," reconcile their course in this case with the following:

"Take heed to yourselves: If thy brother trespass against thee, rebuke him; and if he *repent*, forgive him. And if he trespass against thee *seven* times in a day, and seven times in a day turn unto thee, saying, I repent, thou shalt forgive him."—LUKE, CHAP. XVII, 3-4 VER.
—*Ohio Med. Journal*.

Extract from a recent Address by Dr. MARTIN, of Roxbury, Mass.,

ON MEDICAL DELUSIONS.

I strongly desired, and intended, from a sense of duty, to have made this day some extended remarks on the anomalous relation of the physicians of Massachusetts to the practitioners of homœopathy, principally growing out of their common membership in our Society, and the fact that some men, nominally of us, are false, and trim their sails to catch the breath of popularity and emolument from all points of the compass; men who think that "there is good in everything," practice "both ways" if it can be done so on the sly—nay, even consult with an homœopathist now and then, *sub rosâ*, especially when there is a good consultation fee involved, and by these paltry devices gain with the unthinking a reputation for liberality, and the profitable esteem of our enemies. Such men I should like to have spoken of, and stigmatized as they deserve, had my leisure and your time permitted; for a bold though imperfect utterance of truth and honest conviction, is preferable to a dumb, assenting submission to error.

I should like to urge that all the excuses of eminent physicians for

homœopathy were made on the supposition that its practitioners were honest, and do not in any way apply to the charlatans who "practice both ways," who vilify rational remedies, and still constantly use them; I should like to urge that these men are dishonest—that they are charlatans in every sense of the word, and, notwithstanding their somewhat better coats, and wealthier patients, should be branded as such, just as decidedly and fearlessly as quacks of lower degree. I believe the system to be dishonest, and that the credulous few who practice it honestly should not save the Sodom of those who do not, from the imputation they merit. I regret my inability to enter into this subject as I had proposed, for much has yet to be written and done to rescue the profession in Massachusetts from the false position in which it has been placed in this matter. I believe that in the indirect support which homœopathy has received from the profession in Boston—in its practitioners having been allowed to remain in, and to be newly admitted to our Medical Society—in the consultations which, under various flimsy pretexts, regular physicians of eminence have held with them—in the occasional use and toleration of some of their preposterous remedies and prophylactics, their arnica water and belladonna dilutions—are to be found the principal reasons that Boston is a centre and stronghold of this heresy. But, be that as it may, I, for one, desire the entire and unmistakable separation of homœopaths from our body, and earnestly pray that it may yet be fully understood that true men cannot serve God and Mammon; cannot, under one hood, carry two faces, and practice two medical systems having nothing in common.

If anything I may have this day said shall tend in any way or degree toward defining the practitioners of homœopathy as a distinct caste from us—a caste welcome to what of popularity and pelf it may acquire, but apart entirely from us, and having nothing professionally in common with us—I shall be well pleased. There is nothing to be gained by temporizing with these votaries, at the best, of what we know to be error; there is no good reason why there should be extended to them a forbearance that is firmly withheld from less fashionable visionaries. Enemies they are to us—let it be fully understood that they are so, and that their proper place is without our walls, and not within them. Inside our fortress they are ungenial companions and disturbers of our peace; and outside their enmity is less to be dreaded. Let no man fear that the foundations of that fortress, laid ages since by our great master, broad and deep, in truth and reason,

will ever crumble, or that of the "vast courses" laid upon them by the great men who have succeeded him, one stone shall lose its sharp-defined outline, or be started from its place by the assaults of folly, however furious. Though clouds may temporarily obscure its towers from the eyes of the people, they will be ever visible to us; though foggy night *must* sometimes envelop them, the fog and night will most certainly clear away, and the fabric, strong and glorious as ever, hail the morning sun, and, kindling in its blaze,

"Shine all radiance o'er the scattered fleet
Of gulls and boobies brainless at its feet."

A SERMON PREACHED BEFORE ROYALTY.

By Her Majesty's command a sermon preached before the Court in the parish Church of Crathie, on the 11th October, has just been published. The author is Dr. Robert Lee, the Professor of Biblical Criticism in the University of Edinburgh; and the subject is—"What Christianity teaches respecting the Body." Dr. Lee shows that the care of the body is declared in the Bible to be a Christian duty, and that the manner in which this care is to be bestowed is taught by God, in the uniformity and constancy of the laws of nature. By violating these laws an enormous amount of misery and premature death are occasioned. "It is reckoned," says Dr. Lee, that one hundred thousand persons die annually in England of preventible diseases. In the same proportion, more than a million and a quarter must die annually from the same causes in Europe. Probably not fewer than four hundred thousand men were killed during the late Russian war. But during the same period ten times as many died in Europe alone from preventible diseases. The slaughter of four millions of persons during three years, in a war against the laws of Health! So appalling a fact is surely deserving the earnest attention, not only of governors, politicians, and philanthropists, but of all men who profess Christianity, and especially of those who are appointed to teach it; because the laws of health, through disobedience to which such multitudes perish, are God's laws, for he not only ordained them, but he executes them impartially and universally, before our eyes and upon ourselves." Facts leading to similar conclusions, but of a more encouraging character, are then briefly presented. Reference is made to the increased duration of human life in this country within the present century, as shown by the statistics of life insurance companies.

This greater longevity of modern times is pointed out, not to depend upon a capriciousness in the ways of Providence, but on the community's better acquaintance with, and observance of, the laws which determine the preservation of the body. Allusion is made to certain features in the history of the last visitation of this country by cholera. Towns, and even tenements, were exempted in proportion to their compliance with the requirements of the laws of health. One of the arguments by which Dr. Lee supports his proposition that the care of the body is a religious duty, is the fact that a great part of the law which God gave, through Moses to the people of Israel, was in reality a sanitary code. The preacher then pursues his argument under the Christian dispensation.

New Forceps for Removing Superior Maxilla.

At a recent meeting of the New York Medical and Surgical Society, Dr. Charles Isaacs exhibited a pair of forceps which he had contrived to facilitate the removal of the superior maxilla. The instrument is a right-angled cutting forceps, and is used in the following manner:

After removing a central and a lateral incisor, an incision is made backwards through the mucous membrane, crossing the hard palate a little to the left of the median line, as far as the junction of the palate plate of the upper maxilla with the palatine bone. Here the bone is perforated by a triangular punch with cutting edges, and through this opening is passed into the nasal cavity a small straight saw, which is made to cut its way outward to the alveolar process, thus severing the connection between the palate plates of the two bones. The superior maxilla is then notched vertically by a small straight saw, near its junction with the malar bone, where it is divided by a single cut of the right-angled forceps. The soft parts having been separated from the floor of the orbit, the nasal process of the superior maxilla and the connection of its orbital plate with the ethmoid are then severed by a straight-cutting forceps. One blade of the right-angled forceps being then introduced into the nostril and the other into the mouth, the hard palate is divided at the left of the median line by a single clip. One more cut of the right-angled forceps separates the upper jaw from its attachment to the palatine bone, near the pterygoid process of the sphenoid. The hand or a duck-billed forceps grasping the maxilla,

thus severed from its connections, removes that bone and completes the operation.

Tieman makes the instrument and sells it under the name of Isaacs' right-angled forceps.—*Amer. Jour. of Dental Sciences.*

Beware of Green Flounces.

We have always been aware that a certain "killing" power is generally conceded to young ladies' eyes. It appears that their dress too may possess the same property without a metaphor. In a recent French chemical journal, a member of the Council of Salubrity informs the public that a lady having purchased some green gauze for a ball dress, sent it to be made up, but that five of the seamstresses employed on it were taken ill during the progress of the work. Samples of the gauze being sent to M. Payen, the chemist, it was discovered that the gauze in question received its delicate tint from Schweinfurth green, a pigment composed of arsenite and acetate of copper. This does not adhere firmly to the material, so that the people who made that beautiful fabric, the shopman who sold it, and the women who made it up, all laid themselves liable to disease, if not to death, by the incautious handling of it.

It is not the most agreeable sensation in the world, when you are whirling your lovely partner through the mazes of the waltz, or piloting her through the billowy motions of the cotillion, that all the while, in return for your attentions, her animated and graceful motions may be whirling arsenical dust up your nostrils. We cannot be too hard upon the unconscious Brinvilliers, but, nevertheless, to all gay young men we repeat the friendly warning, "*beware of green flounces.*"—*Amer. Jour. of Dental Sciences.*

COMMUNICATIONS.

DR. McCORMAC'S THEORY OF CONSUMPTION.

DR. REESE—*Dear Sir:* When a new and exclusive theory is propounded by so distinguished a physician as Dr. McCormack, and on so important a subject as tubercular disease, it must be expected that such theory will be carefully scrutinized; to see whether it will stand the test of observation and experiment, and especially so when that theory is an exclusive one, which, if adopted, sweeps away most of the received opinions in regard to the question, and which, if true, must lead to the most momentous results. Such a discovery as this

claims to be, casts that of Jenner into the shade, and eclipses the most brilliant medical revelations yet made to the world. If, indeed, it be true, as claimed by Dr. McC., that "air is the antidote to tubercles," and the only antidote, then it is not too much to believe that the value of human life will, at least, be doubled, as soon as the discovery is made generally known.

It may be, and probably is true, as the doctor intimates, that I am "*non avenu*," which I interpret not "up to the times;" and also that my hastily-written communication was a "*crambe recolta of old errors*;" but if the first be true I am in excellent company, and as to the last, I might truly retort that Dr. McC's theory is only a *rehash* of one which has repeatedly been brought forward and as often exploded. In proof of this I need only refer to the writings of Boerhaave,* Morton, and other old writers on this disease. The notion that tubercle and scrofula find their origin exclusively in impure air, is nearly as old as the age of Hippocrates; it was one of those generalizations which could not stand, when brought to the test of careful and extended observation. To adopt it, we must not only reject well-known and admitted facts, but also those rules of logic which are essential in the investigation of truth. Doubtless there is great difficulty in medicine in tracing effects to their true causes, and causes to their true effects; the difficulty being increased by the same cause appearing in different instances, to produce different diseases, or no disease at all, and many different causes producing the same disease; yet I apprehend there is no such difficulty in the present instance, where we have only to find a single case where the supposed cause was absent, to nullify the theory, and many such are constantly occurring.

I stated in my former communication that Dr. McCormac's theory was based on a false assumption, viz., that the lungs are the chief organs of excretion for the matters which go to form tuberculous deposits, and therefore could not stand. The assertion is now repeated, that "tubercle is essentially carbonaceous; one-half or so is carbonaceous; the oxygen and hydrogen are referable to the watery ingredients; the residual nitrogen also, one and all, are lung excretions,

* *Boerhaave* says, "consumption is developed with most facility where the air is damp and unfavorable to free perspiration, causing the particles, which should be thrown off by that operation, to collect in the system."

McCormac says, "when the same atmosphere is breathed again and again, the waste, instead of being excreted or sufficiently excreted by the lungs, is retained in the blood, and is finally deposited under the form of tubercles."

The theory of both is identical.

excrementitious or waste and disintegrated tissues," &c. Now, while all physiologists admit that, together with water and carbonic acid, some animal matters, (3 parts in 1,000,) the exact nature of which has not been ascertained, are also excreted by the lungs, yet no one contends, so far as I know, that they are the principal organs for the excretion of the "waste and disintegrated tissues." For the separation of these the kidneys are believed to be the principal outlets, and their function is not materially lessened by insufficient supplies of pure air. All the elements of scrofulous and tuberculous matter are found in healthy blood, as salts of potash, soda, lime, &c., albumen, fibrin, caseine, &c.; so that, although it is not necessary to suppose that the blood has undergone any material change previous to the formation or deposition of tubercle, yet it is highly probable, if not demonstrable, that those materials have been increased previous to their abnormal separation. Indeed, it has been shown by Philip and others, that when these materials have existed in more than normal quantity in the blood, scrofulous deposits are more likely to occur; still it never has been shown that a want of pure air has led to such increase, or must necessarily lead to such a result. It is obvious that alimentation and disease are the two principal agents by which changes are wrought in the constitution of the blood; if the functions of the great secretory and excretory organs, the kidneys, liver and skin, languish, the blood immediately becomes loaded with those refuse materials which it is their office to eliminate; or, if the alimentary supplies be insufficient for the wants of the system, or the function of assimilation be imperfectly performed, a deterioration of the blood must also necessarily happen. Andral, Gavanet and others have proved by experiment, what had been assumed *à priori*, that the fluid constituents of the blood undergo great changes from the influence of the food as well as from disease; that enfeebling agents generally diminish the red globules, while the proportion of fibrin is increased. If Dr. McC. can show that bad food does not produce bad chyle; that bad chyle does not imperfectly renew the blood, perverting its elements, and causing the predominance of certain principles over others, so as to lay the foundation of tubercular disease, I will cheerfully concede that his theory may possibly be true; but in addition to this, he must also show that the imperfect accomplishment of the functions of depuration does not also lead to a morbid condition of the circulating fluid, before I can become fully converted to the truths of his hypothesis. I am very willing to admit that a diminution in the quantity

of carbonic acid gas given off by the lungs, will produce a change in the composition of the blood, although the hepatic function is, to a certain extent, vicarious to that of the former; still, it must be shown that a similar diminution in the normal secretions of the skin, liver, and kidneys do not necessitate still greater changes in the components of the blood, before the profession will generally consider Dr. McCormac's theory as established. It, indeed, seems to me quite unphilosophical, not to say absurd, to attach so much importance to the pulmonary function as an *excretory* one, and none at all to that of the other great and true excretory organs. I assume, of course, that scrofulous and tubercular matter is derived directly from the blood, believing that there are sufficient facts, now established, to warrant such a belief; and whether the deposit be the result of secretion or excretion, the essence and *causa, sine qua non* of the disease, is doubtless the accumulation of certain morbid materials in the blood.

With regard to the chemical composition of scrofulous and tuberculous matter, Prout states these products are *mainly* composed of albumen, incompletely developed, with some salts; *Thenard*, that tubercle is composed of 6.9815 organic animal matter, and 1.185 salts; *Hecht* states that scrofulous matter contains 0.30 fibrin, 0.23 albumen, 0.27 gelatine, 0.27 water; *Gendrin* says that both products are mixtures of albumen with excess of salts; *Bredau* says that they are an albuminate of potash or soda, with a little fibrin, and phosphate and carbonate of lime; *Preuss* says that there is, in addition, cholesterine and caseum; *Boudet* says that they are composed of albumen, caseine, and a substance analogous to fibrin, certain acids, fatty matter, cholesterine and salts; *Gerber* states that tubercles can only be produced from exudations abounding in albumen and poor in fibrin; *Vagel* states that tubercle is a *proteine* compound; *Scherer* states that tubercle, in different cases, presents a different composition, but the formula of its composition, as given by him, (C 43, H 35, N 6, O 13,) shows, as remarked by Dr. Day, the learned editor of Simon's Animal Chemistry, that "*tubercle may be regarded as proteine, from which five atoms of carbon, one of hydrogen, and one of oxygen have been removed.*" (*Animal Chem.*, p. 657.) *Simon* thinks that "chemical analysis has hitherto thrown very little light on the nature of tubercle, or on the mode of its formation." *Bennett* states that tubercle consists of animal matter, with certain earthy salts; the animal matter containing a *large amount of albumen*, whilst fibrin and fat exist in very small quantity; he also remarks that very little difference ex-

ists between the matter of tubercle and *other compounds of proteins*. *Warren* states that "the principal constituent of tubercle is albumen, as shown by positive analysis, while it contains but little fibrin." *Rokitansky* divides tubercles into three different kinds: simple-fibrinous, croupo-fibrinous, and albuminous. *Dr. Williams* refers tubercle "to a degraded condition of the nutritive material, from which old textures are removed and new ones formed; and differing from *plasma*, not so much in kind, as in degree of vitality and capacity of organization." These authorities may suffice, in opposition to the statement of *Dr. McC.*, that "*tubercle is essentially carbonaceous*," a statement not supported by a single name of any weight. They may also settle the question whether there be any such substance as *proteine*, so positively denied by our author.

Instead, therefore, of "no other theory being adequate to account for the phenomena," this fails in the most important point, for the matters which go to form tubercle are not the natural products of pulmonary excretion. Moreover, the liver excretes carbonaceous materials from the blood as well as the lungs; why, then, is not this organ more frequently the seat of tubercle? I deem it entirely unnecessary, in the present state of our knowledge regarding the causes of scrofula and tubercle, to adduce facts to prove that a deficient supply of air is not "the one and *only cause* of tubercle in every form."

With regard to the experiment of "immuring healthy rabbits in boxes, imperfectly furnished with atmospheric air," it is evident that other causes were in operation besides deficient respiration. No matter how freely they may be supplied with air, it is well known that monkeys as well as rabbits, and other animals, will, under such unnatural confinement and want of exercise, become tuberculous. *Mr. Bakewell*, the celebrated agriculturalist, remarks, that "sheep driven into a pen in marshy ground, where the food is watery, soon become the victims of tubercular deposits." "All that is necessary," he observes, "to produce these deposits, is, during summer, to submerge a meadow, and drive the sheep into it; in autumn, without this submersion, the same animals would do well on the same pastures." If *Dr. McC.* will vary his experiment, and confine his rabbits in a damp, dark cellar, and feed them with watery vegetable food, they will soon become the victims of tubercular deposits, however abundantly they may be supplied with air.

But I have no desire to prolong this discussion, nor should I have noticed the theory in question, had it not emanated from a distinguish-

ed source, and calculated, if adopted, to lead to mischievous consequences. I give the author due credit for his zeal and enthusiasm in the cause of medical science, while I at the same time deprecate a conclusion too hastily adopted, and a generalization based on a very limited survey of the facts bearing on the question.

CHARLES A. LEE, M.D.

OUR PHILADELPHIA CORRESPONDENT.

No. 6.

Malpractice—Prof. McDowell—County Society—Blookley Hospital.

“To laugh we want of goodness and of grace;
And to be grave exceeds all power of face.”—POPE.

DEAR GAZETTE—The news in our village is not at present very exciting. The courts have lately had a few cases of suits for malpractice, which practice you perhaps know is somewhat new among us, but evidently on the increase. We are following in the lead of the New England States and of New York. It is to be hoped that the admirable expositions of your surgeon at Buffalo will go far to check the spirit throughout the country. As usual, the last case here was a surgical one. A luxation of the shoulder downwards, which had been left unreduced, was the cause of complaint. The defence was, that the luxation occurred after the primary injury, the patient having been at a fire, &c. The jury gave a verdict of about \$800 against the defendant. The medical men gave their testimony against the defendant with great reluctance, bench warrants being necessary to bring them to the witness stand. This spirit was brought into existence some years ago by a reckless member of our profession, who was sued for damages for neglect in the treatment of a diseased eye, perhaps cataract. His strongest and best friends could not sustain him in his conduct, and the jury gave a verdict for \$2,000. This has opened the eyes of the *poor* patient to the fact that they can demand not only services but money from a very accommodating profession.

Our County Medical Society has had a stormy and large meeting again; but a new party has arisen, and pushed many of the members of an old and irresponsible clique off their easy chairs, to learn repentance at leisure. The expelled member on the McC. affair sent in a remonstrance, and requested that the resolutions of expulsion be expunged. This was violently opposed by the member of Board of Health notoriety without effect, and the whole matter was re-referred

to the Board of Censors, with the understanding by the Society that the injustice of a former meeting would be fully repaired.

There is great activity, as you will see by the Journals, among the younger portion of the profession, *outside* of the County Society, in medical matters; and several independent associations are springing into existence to the advancement of medical science.

The classes in the schools already begin their annual diminution. The pressure of the times is sending the first-course students home, leaving only the candidates. The "boys" have behaved tolerably well this winter, and very few rows or disturbances have been reported. We had a visit the other day from the celebrated Prof. McDowell, of St. Louis, who delivered a public lecture on the unity of the human race, to a mixed audience, consisting chiefly, however, of students. The sentiments of the learned lecturer were much applauded. He advocated the plurality of origin of man and other animals, and insisted on the distinctions of races. The Southern gentlemen applauded him highly. We saw Dr. McD. here many years ago, delivering a course of lectures on anatomy; he was then young, enthusiastic and fearless. We found him the other day older but full of spirit, and exhibiting an active and expressive eloquence. His lecture was well attended and well received.

The Philadelphia or Bryan Journal is, we see, still publishing the reports of the Blockley Hospital. The Institution appears to be in a peaceable and flourishing condition. The absence of public teaching entails the absence of public medical quarrels and medical bickering. The assistants appear to be young men of talent, education and industry, and fill their posts under the chief with honor to themselves and credit to the Institution.

We learn that the marked persecution of the editor of the Philadelphia *Med. & Surg. Journal*, by the late dominant clique, has produced a strong reaction in his favor, and the circulation of the *Journal* is increased as well as the popularity of the editor extended. There is a principle in human nature which *will* come to the rescue, when men are mean enough to deliberately combine to oppress others; and they will support the right, in opposition to force or injustice. The County Society, at least this dominant clique, which appears now to be thoroughly floored, has always feared Bryan's independent spirit, and assumed, in reference to him, aristocratic airs and pompous manners. This is the more ridiculous, when it is known that many of those gentlemen were either originally mechanics or sons of mechan-

ies; blacksmiths, shoemakers, carpenters, bleeders, apothecaries, &c., &c., are fully represented by these aristocrats. Funny, is it not, to talk in our country and profession about aristocracy, and to combine to oppress others with that as the watchword? We learn that the domineering clique of the County Society had, before the late election, held a quiet meeting, and placed themselves in office, on committees, and in general managed all the affairs of the Medical Association for next May. What a disappointment. Man appoints and parties disappoint.

Yours truly,

SENECA.

THE LATE DR. F. U. JOHNSTON.

A special meeting of the New York Academy of Medicine was held in the Chapel of the University, on Saturday afternoon, for the purpose of paying due honor to the memory of Dr. Johnston.

Dr. Mott presided, and Dr. Heywood officiated as Secretary. Remarks eulogistic of the personal and professional character of the deceased were made by Doctors James R. Wood, E. L. Beadle, J. M. Smith, and others.

The following resolutions offered by Dr. John Watson, having been adopted, the members of the Academy attended the funeral in a body, at St. Mark's Church.

Resolved, That this Academy receive with profound sorrow the announcement of the death of their esteemed associate, Dr. F. U. Johnston.

Resolved, That in the death of Dr. Johnston, the New York Academy of Medicine deplores the loss of one of its most distinguished members, an ornament alike to the profession and to the community in which he lived. That the hospitals and other medical charities of this city, in the oldest of which he had an hereditary interest, and in the service of which he spent many of his best years, have, in common with ourselves, equal reason to lament the loss of a devoted friend and able counsellor; a physician of exalted views, of generous impulses, and high moral excellence. That the profession and the public will long have reason to regret the event which deprives them of one who, for medical acquirements and practical sagacity in the investigation of disease—for self-sacrificing, ever-watchful and never-tiring devotion to his duties, or from success in the management of the sick—has left behind him no superior; of one who has long held an exalted position as an exemplary member of our noble calling—a practitioner of the healing art, whose quiet, unobtrusive, amiable deportment, whose general, unruffled and kindly disposition, whose unaffected indifference to popular applause, and whose winning, hopeful manners in the sick-room, have secured to him the esteem, the homage

and admiration of all who knew him; of the public at large, to whom, in the sphere of his occupation, he was a daily benefactor; of the younger members of the profession, who were continually looking up to him for encouragement, for guidance and assistance; of the seniors in our midst, his equals in years, who were in hourly and familiar intercourse with him at the bedside.

Resolved, That it be in the order of business, at our next regular meeting, to assign to some member of this Academy the duty of preparing a memorial to be hereafter read before us, as a fitting tribute of respect to the memory of our lamented associate, setting forth his life and labors, his personal and professional characteristics, and furnishing a permanent and reliable record of his influence upon the opinions and practice of the medical profession in this community.

Resolved, That while we condole with his bereaved family in the irreparable affliction that has befallen them, yet, with them, we bow in submission to the hand of an over-ruling and benign Providence, reminding them at the same time that they are not left wholly desolate. The memory of the good lives after them; and their children, following in their footsteps, can look with confidence to more than human assistance for encouragement and support.

Resolved, That this Academy, when adjourned, adjourn to attend in a body the funeral of our deceased associate, wearing the usual badge of mourning.

Resolved, That a copy of these proceedings be furnished to the family of the deceased, and that they be made public through the medical periodicals, as well as through the daily papers of this city.

NEW YORK, Jan. 9th, 1858.

EDITOR'S TABLE.

AMERICAN MEDICAL MONTHLY.

Our neighbors having enlarged their paper by adding half a sheet to each number, in announcing the fact, take occasion to say that "*the other journals of the city have been falling off in their circulation, while theirs is undiminished.*"

Of what "other journals" they speak we know nothing, but the statement is untrue in relation to the AMERICAN MEDICAL GAZETTE. The whole number of stoppages since first of January, at home and abroad, has been *seven*, while our *new* subscribers for 1858 number *one hundred and twenty-nine*, so that we have had to add to our edition 250 copies since the December number, to meet the daily "unprecedentedly large" increase of subscribers. Our terms are only two dollars per annum in advance, while our neighbors demand *three*, which enables them to afford the half sheet addition—an increase which we intend to make without any increase of price.

SUBSCRIBERS

Should *cut their leaves*, before attempting to read any article in the *GAZETTE*, for in compliance with general desire, in our new and improved series, commencing with this volume, the leaves are left *uncut* for the convenience of binding.

A *title page and index* will accompany the December number of this year, and a general index for the ten volumes will accompany our *NEXT YEAR'S* issue.

New subscribers should report themselves, by remitting two DOLLARS, *in advance*. Unless otherwise ordered, they will receive the numbers for 1858, from January inclusive.

Early notice is necessary, as our increase has nearly consumed the surplus of our enlarged edition of the January number.

Our back volumes are scarce, a few only remaining, which may be ordered, bound and lettered, at the subscription price, \$16 for the eight volumes.

The recent improvements and enlargement of the *GAZETTE* have given general satisfaction, of which we are daily receiving evidence by congratulatory letters.

If every subscriber will send us one more, we should be able to add 16 pages to each monthly number, adding nearly 200 pages to our annual volume!

Who will try? THREE COPIES will be sent monthly to one address, for FIVE DOLLARS, *free of postage*, for the entire year, or seven copies for \$10. Postage stamps, or the notes of solvent Banks in any section of the country, may be remitted in payment.

TO CORRESPONDENTS.

A "Philadelphia correspondent" will excuse us from advertising "that book" by inserting his article. We do not doubt the fact stated, that "the author has actually paid for advertising the *five* editions, with *new* title pages, and pages of stereotyped *puffs of the press*, a greater amount than has been realized by the entire sale of the book!" But *cui bono*? If he chooses to waste his money in keeping himself and his book before the public, thus seeking to obtain *caste*, why hinder him? The journals and newspapers profit by the ruse, except those which refuse to commend the book to their readers. We gave it such a notice as it deserved, when it first appeared, and there we leave it. If either of its bogus editions had introduced anything *either new or meritorious*, other than the change of its name, we

should have modified our former critique accordingly. Everything either original or useful in the medical press, finds in the *Gazette* its meed of just praise, irrespective of its source, for our criticisms are wholly impersonal, and unpurchasable by either publishers or authors, since they are written for the benefit of our readers, for what they are worth.

POLICE SURGEONS AND ASSISTANT SURGEONS.

These appointments, so long pending before the Metropolitan Police Commissioners, have at length been announced. Dr. Kennedy has been made the President of the Board, and Dr. Mott, Jr., with Dr. Ranney, have been made Surgeons, at a salary of \$1500 per annum each. Dr. Kimbark and Dr. Jones, of the old police, have been retained, but the old "Surgeon General" is nowhere.

Some dozen of the 300 applicants have been honored with the appointment of assistants to these surgeons, at an annual salary of \$800. All are put on the list of *patrolmen!* and *only detailed to surgical duty!* Whereupon one of them, Dr. John H. Griscom, has incontinently thrown up his commission, out of self-respect and his regard for his profession—a course which is highly honorable to him, and one for which he has been much applauded by his brethren.

The duties of these gentlemen as defined are very arduous, and if faithfully performed, will require their whole time by day and night, in view of which, none of them will be adequately paid, independent of their service as "patrolmen." We hope the Commissioners will not insist upon their wearing the police uniform with its stars and stripes, or carrying any weapons more deadly than their lancets and scalpels. We would recommend that they be all cleanly shaved; for the long beards and moustaches of some of them are a positive disqualification for the duties of "patrolmen," and should be a bar to their being "detailed for surgical duty," lest these *hairy* gentlemen be mistaken for quacks, who have adopted this designation to conceal their physiognomy. *Verbum sat.*

SPIRITUAL PHOSPHORUS!

This new article was very lately introduced into a "Spirit Circle" in this city, by a popular "medium" of the feminine gender, who, according to the programme, emitted light and heat from her fingers, when thrust into a pile of cold and dry earth heaped on the table. Our readers will understand this stale trick, by which the "circle" of long-bearded spiritualists and fancy women were gulled.

But a Homœopathic neighbor of ours, who has gone into this other kindred humbug, not being able to *see* through it, undertook to *feel* his way into the mystery, but so awkwardly, that he set fire to some real phosphorus, which the medium had concealed in the dirt, by the friction of his touch; whereupon he burned his hands so severely that he was fain to cry out under the infliction, and has been crippled ever since, despite of *Arnica*, which seems to have no virtue against this *spiritual* phosphorus.

It reminds us of a sermon we once heard by a venerated clergyman of the new church, who preached on Noah's Ark and the Deluge. After dwelling upon the "flood of evils and falses," as he defined the deluge, he described the Ark in great detail, as a *spiritual* allegory. After the sermon, an incredulous sea-captain who was present sought an interview with his reverence, and told him how much he was pleased with his explanation of the Ark, its wood, its doors, its windows, &c., all of which had been duly spiritualized. But said he, "Parson, there was one thing you forgot, for we read that the Ark was *pitched* within and without, and I am curious to know what sort of a thing *spiritual pitch* is?" The clergyman was at his wit's end, for he could not impromptu answer the query. We suppose this to be in the same category with *spiritual phosphorus*, with which our Homœopathic neighbor burned his fingers so cruelly. He has our commiseration, not our censures, for he was not the knave, but only the fool. He should learn never to touch a "medium" in crinoline, save with the tongs.

MEDICAL ETHICS.

Professor S. H. Dickson has published, in the *Charleston Medical Journal and Review*, "a few thoughts on some vexed questions in medical ethics," which will astonish and startle his numerous friends, who have been accustomed to look to him for sound and *consistent* opinions, especially in relation to what has been called the moralé of the profession.

The several points of ethical duty upon which he pronounces his judgment, *impersonally* are,

1st. That the physicians in connection with the Philadelphia hospital were bound to take the course they recently did, by *resigning* their places, on the appointment of one who had "*committed the unpardonable offence* of selling formulæ or recipes, empirically adapted to the cure of diseases," thus refusing to receive him as an associate. And he adds, that in such case "no plea of repentance and contrition,

no promise of future conduct, can be of any avail. The purposes of *punishment* must be sternly carried out, by the unanimous refusal of all the reputable members of our body to consult with the *fallen man*, &c., for *his* offence is "unpardonable," *now, henceforth and forever*.

2nd. In relation to the appointment of any "heterodox or schismatical teacher or professor, as in the proposition to establish a Homœopathic professorship in the medical department of the University of Michigan, Dr. Dickson utters his judgment that the purpose of the Faculty to "resign their chairs, rather than accept the forced fellowship of so equivocal a colleague," is a course "full of danger, and threatening seriously evil consequences;" and for the reason that "Laymen will accuse us of evading the offer of a fair field and no favor, and of doubting our own ability to maintain what we proclaim as truth and reason."

3rd. By like reasoning, Dr. Dickson maintains that should the project of appointing Homœopaths to the hospitals at Chicago and New York be consummated, such a "conjoint hospital service is at once *safe and honorable*, and indeed promises to be *full of advantage*," on the single condition that there be "no interchange of patients." And he even hopes that the physicians concerned, instead of resigning in a storm of indignation, shall pocket the insult, and accept the "conjoint hospital service" with Homœopathy.

4th. Dr. Dickson next protests against the readiness with which physicians sometimes lend themselves in aid of malicious or envious prosecutions for mal-practice; and especially against all public censures upon medical opinions given before courts and juries, as tending to degrade the profession, and bring brethren into contempt. He fears that the *esprit du corps* is dying away among us.

5th. He concludes with a very strong condemnation of the course pursued by a physician of New York, in the recent bogus baby case, and adds, "I can hardly imagine a case more disreputable to a member of the medical profession."

Upon reviewing these ethical opinions of Dr. Dickson, most readers will be struck with their apparent and palpable inconsistency. He would have us repudiate a *nostrum vender*, or one who has ever been such, *secula seculorum*; refusing to associate with him in hospital service. But we are meekly to enter into "conjoint" relations with Homœopaths or any other quacks, and even hold "conjoint" professorships with them in so-called medical colleges.

This reasoning in favor of these monstrosities would obliterate the

line of demarcation which has been drawn indelibly by the American Medical Association, and all other medical societies in the country which are worthy the name, between the regular profession and either Homœopathia or any other exclusive school or sect, whether old or new. For the reasons here given would impel us to enter into competition with the "new school," not merely in hospitals and colleges, on terms of equality, but to mingle in consultation, and associate with them in ordinary practice. To neither can the profession anywhere submit without degradation and dishonor.

We yield to none in our respect for the learned author of this paper, but we do not believe either medically or ecclesiastically in any "unpardonable sin," though pronounced by the Pope himself, to be beyond repentance and reformation. Quackery of every form is a disease, resembling Small Pox in one particular, and this is true of Homœopathy and nostrum vending itself; they who once suffer an attack, and get well over it, seldom or never catch it again. Hence these apostates, when they recant and reform, should be welcomed back to orthodoxy, but not until reformation.

NEW YORK ACADEMY OF MEDICINE.

The January meeting was unusually large, over a hundred members being in attendance, it being the period when the officers for the year are chosen. The election terminated very happily in the selection of the following gentlemen, who will be very generally satisfactory. In each case the choice was declared to be unanimous. The appointment of Orator was postponed until April, at the instance of the only nominee, Professor Alonzo Clark, who would have been chosen by acclamation if his consent could have been obtained.

OFFICERS FOR THE YEAR 1853.

President—Dr. J. P. Batchelder.

Vice Presidents—Drs. C. E. Isaacs, W. H. Van Buren, John Watson, S. Conant Foster.

Recording Secretary—Dr. C. F. Heywood.

Assistant Secretary—Dr. F. U. Johnston.

Domestic Corresponding Secretary—Dr. S. J. Hubbard.

Foreign Corresponding Secretary—Dr. J. W. Green.

Treasurer—Dr. J. O. Pond.

Librarian—Dr. S. Rotton.

Trustees—Drs. R. S. Kissam, James Anderson, Galen Carter, B. Ogden, J. H. Griscom, E. L. Beadle, W. N. Blakeman.

~~✂~~ We would call the attention of our readers to the extended paper of Dr. O'Reilly, with which we introduce this number, containing as it does a variety of important clinical and practical matter, together with original views on several topics of both medical and surgical interest. Its length should not be an objection to reading it, including the critical annotations of the author, which are appended. The entire article will amply repay perusal. Dr. O'R. is best known among us as a *surgeon*, because of his skill and success in this department; but, as will be seen by his present contribution, he is *no specialist*, but a "general practitioner," in the best sense of that designation. He is no stranger to the readers of the *Gazette*, and scarcely needs this introduction.

[For the American Medical Gazette.]

MR. EDITOR—You are a great stickler for the "regular profession," for their "physical diagnosis," and "rational treatment." Like the man in Moliere's play, I suppose you had rather die *secundum artem*, than get well by quackery.

But I have lately lost my best earthly friend, after only a few days' illness, and strictly under the care of the "regular faculty," who pronounced his disease "inflammatory rheumatism," which was afterwards decided to have "attacked the *heart*," of which latter he died, as all the regular doctors agreed. But on opening the body, it was discovered that he had an abscess of the lungs, entirely unsuspected by "physical diagnosis," and now *after he is dead*, we are told that his death was caused, not by inflammatory rheumatism and disease of the heart, for which the doctors treated him "scientifically," but by absorption of pus from the unsuspected abscess, whereby poisoning of the blood proved fatal.

Now, what have you to say in defence of such blundering?

QUERY.

[All we have to say is, that if the facts are accurately related, of which we have some doubts, the case and its result was a very unfortunate one. And if we should ever be conscious of such a blunder, we would forthwith conclude that we had mistaken our vocation, and announce publicly that we had changed our line of business. Possibly we might turn Homœopath, and never again profess to know what is the matter, but to all inquiries as to the nature or name of the disease, reply as the illustrious Hahnemann directs, "the patient is sick, and that is all I know about it." This evades all responsibility, and is a "specific" against being detected in blunders.]

SURGICAL IMPROVEMENT.

The apparatus for fractured thigh, for which we are indebted to the ingenuity and skill of the Doctors Burge, of Court Street, Brooklyn, is described in their advertisement on another page. It has been introduced into the Bellevue and New York Hospitals, and is destined to become the universal appliance of surgeons in public and private practice. We learn that in the case of the Hon. Judge Duer, of this city, its adaptation and utility have been tested, and gave entire satisfaction to the surgeons and their patient. The very low price at which it is furnished complete, will enable country surgeons to supply themselves readily, and thus be prepared for the emergency to which all are liable to be called.

THE NEW YORK STATE MEDICAL SOCIETY.

Delegates to the annual February meeting of this dignified body at Albany, have been appointed to represent our County Society and the New York Academy of Medicine. A full meeting is expected.

"DEATH LOVES A SHINING MARK."

Died on the 7th of January, at his residence in East 14th Street, Francis U. Johnston, M.D., of this city, in the 63d year of his age.

In the decease of Dr. Johnston, the medical profession are bereaved of one who has long been an honor and an ornament to the fraternity. He has long and until recently belonged to the medical staff of the N. Y. Hospital, where he distinguished himself and achieved a high reputation. As a practitioner there are few men who have enjoyed a larger or more lucrative practice in this city and its vicinity, and none who have been more successful in acquiring and retaining the confidence of the profession and of the public. Hence his counsel has been most extensively sought by his brethren, and most highly estimated by his patients, to whom he has been the "beloved physician."

In modesty, quietness, and calm self-possession, Dr. J. was an example to us all. In his ardent love for his profession, and his utter abhorrence of empiricism in all its phases, he was very remarkable. While in the ethics of the profession he was ever a model man, for he was "the very soul of honor;" conscientious and upright in principle himself, he expected of all his brethren similar rectitude, and exacted it of all whom he recognized as his equals in the profession.

His bereaved family and friends have this consolation, that he died as he lived, an humble and devout Christian. Peace to his memory.

CASTLETON MEDICAL COLLEGE.

We learn that this school is rejuvenating itself, and is in the receipt of considerable additions to its Museum, lately selected in Paris, for the illustration of Anatomy and Surgery.

The chair of Physiology and Pathology has been filled by the appointment of Dr. P. D. Bradford. The Spring Course opens on the last Thursday of February. See advertisement.

AMERICAN MEDICAL ASSOCIATION.

The Eleventh Annual Meeting of the American Medical Association will be held in the City of Washington, on Tuesday, May 4, 1858.

The Secretaries of all Societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed; and it is earnestly desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

A. J. SEMMES, M.D.,

One of the Secretaries Am. Med. Asso., Washington, D. C.

CHEOPLASTIC PROCESS.

This is an improvement in Mechanical Dentistry, recently introduced by Dr. A. A. Blandy, of Baltimore, Md, which is highly extolled by many of the most eminent members of the profession, in a pamphlet which sets forth its nature and claims, and defends the "four patents" which secure the "rights of the patentee." This last feature is unfortunate if the improvement is either new or useful, and will detract from its merits.

THAT PRINCE OF QUACKS,

Who calls himself Doctor B. Brandreth, and whom the people round about *Sing Sing* have sent to the State Senate, has been appropriately and significantly selected, by the Lieutenant-Governor of the State, as Chairman of the Senate Committee on Medical Societies, Colleges, &c., for the duties of which he must be signally qualified!

That sanitary bill of Senator Schell, providing that some regular and graduated physician should be placed at the head of the Health Department in our city government, will doubtless be reported on by Dr. Brandreth!

Our State Medical Society, about to meet in Albany, will be placed at his mercy for the publication of the volume of their Transactions. We wish them a safe deliverance.

"When evil men bear rule,
A private station is the post of honor."

MECHANICAL SURGERY.

The cover of this number contains the announcement of Marsh & Co., of No. 3 Vesey Street, (Astor House,) who are prepared to supply the profession with all the instruments and appliances needed in this department, which may be examined on an extensive scale at their establishment. Their variety of Trusses, adapted to the radical cure of all the forms of reducible hernia; their instruments for the treatment of club foot and other deformities; their bandages and supporters for varicose veins, and other maladies calling for mechanical pressure, &c., &c., are well worthy of inspection by medical men. Dr. Marsh, a surgeon in this department by hereditary descent, and rich in the experience of many years, devotes himself to this specialty, in which he has no superior. We have for a long time been in the habit of patronizing his establishment, by sending patients thither for everything in his line, and entertain a high opinion of his ability and skill, having witnessed his success in adapting Trusses to the radical cure of hernia, and to the permanent relief of those complicated cases which do not admit of such cure. We cordially recommend him to the profession.

MAGAZINE LITERATURE.

The press of our country has done signal service to the masses of our population by furnishing light reading, which happily blends entertainment with instruction, without the demoralizing influence justly chargeable upon most of the ephemeral publications of the times.

The Monthly Magazine of the Harpers, the National Magazine, edited by Rev. James Floy, D.D., of New York, and the Ladies' Repository, by Rev. Dr. Clark, of Cincinnati, are examples in this respect; the extensive popularity and wide circulation of which afford an omen that the patronage of pernicious literature is on the wane, by the success of these and kindred periodicals.

If their conductors would scrupulously guard their columns from every topic in politics or religion, which engenders strife between brethren, and admit nothing which does not promote "peace on earth and good will to men," our magazine literature would be the crowning glory of the American press.

Prof. Alexander Means has resigned his chair of Chemistry in the Atlanta Medical College, but retains his professorship in the University of Georgia, at Augusta. The vacancy thus made at Atlanta, is not yet filled, but will be in time for the approaching session.

Several book notices, editorials &c., intended for this number, are in type, but unavoidably omitted. All will appear in the March number.

Messrs. Lindsay & Blakiston's "Physicians' Visiting List, Dairy, and Book of Engagements for 1858," seems by its popularity and success to have called forth numerous imitations—one in Boston, another in Buffalo, and a third is announced in New York; but none of them are as good as the original, so that its publishers are undisturbed by the competition, and their book has obtained a wide circulation, and will be annually in increasing demand.

RECEIPTS for 1857-8, for Subscription to Gazette.

Dr. Mott, Olliffe, Detmold, Garrish, T. T. Green, Power, Beale, Hyslop, Delluc & Co., Eager, Sharrock, Cammann, Foster, Rockwell, Jackson, Ward, Morton, McClellan, Francis, Allaber, Boling, Blatchford, Means, T. Greene, Scammer, Beleher, White, Post, Ritter, Belden, Bailey, Dewees, Levings, Powell, Miller, Lapham, Pond, Cox, Dorsey, Wooster, Cairns, Crane, Bibbins, Storer, Pratt, Westcott, Sherman, Hartt, March, Monkur, Hamilton, Henderson, J. A. Allen, Bennett, G. C. M. Roberts, N. Allen.

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AMERICAN MEDICAL GAZETTE ADVERTISER.

CLEVELAND MEDICAL COLLEGE.

THE next Annual Course of Lectures will commence on the first WEDNESDAY of NOVEMBER next, and continue sixteen weeks.

JOHN DELAMATER, M.D., Prof. of Midwifery and Diseases of Women and Children.

T. LANG CASSELS, M.D., Prof. of Chemistry and Botany.

PROCTOR THAYER, M.D., Prof. of Anatomy and Physiology.

H. K. CUSHING, M.D., Adjunct Professor of Midwifery and Diseases of Women and Children.

JARED P. KIRTLAND, M.D., Prof. of the Principles and Practice of Medicine.

JACOB DELAMATER, M.D., Prof. of Materia Medica, Therapeutics, and Medical Jurisprudence.

GUNTAV C. E. WENNER, M.D., Prof. of the Principles and Practice of Surgery.

JOHN A. KNOWLTON, M.D., Demonstrator of Anatomy.

Provision is made for the prosecution of Practical Anatomy on the most liberal terms.

Surgical and Medical Cliniques, at which operations are performed and cases prescribed for and lectured upon in the presence of the class, every week.

FEES—For Lectures, \$60; Matriculation, \$5; Graduation, \$20. Good board from \$2 to \$3 per week. For further information apply to

JOHN DELAMATER, M.D.,

Dean of the Faculty.

CLEVELAND, OHIO, May, 1857.

ALBANY MEDICAL COLLEGE.

Two full Courses of Lectures are delivered annually. The Fall Course commences on the first Tuesday in September, and the Spring Course on the third Tuesday in February. Each Course continuing sixteen weeks. Degrees are conferred at the close of each term.

ALDEN MARCH, M. D., Professor of Surgery.
JAMES McNAUGHTON, M. D., Prof. of the Theory and Practice of Medicine.
JAMES H. ARMSBY, M. D., Professor of Anatomy
THOMAS HUN, M. D., Prof. of the Institutes of Medicine.

AMOS DEAN, Esq., Prof. of Med. Jurisprudence.
HOWARD TOWNSEND, M. D., Prof. of Materia Medica.
CHARLES H. PORTER, M. D., Prof. of Chemistry and Pharmacy.
J. V. P. QUACKENBUSH, M. D., Prof. of Obstetrics.

Fees for a single course, \$60; for two courses paid in advance, \$100. Matriculation fee, \$5 Graduation fee, \$20.

Material for dissection abundant, and furnished to students on the same terms as in New York and Philadelphia. Hospital Tickets free. Opportunities for Clinical instruction are believed to be equal to those afforded by any College in the country. Price of Board from \$2,50 to \$3,50 per week.

JOHN V. P. QUACKENBUSH, Registrar.

UNIVERSITY OF NASHVILLE.

Medical Department.—Session 1857-58.—The Seventh Annual Course of Lectures in this Institution will commence on Monday, the 2d of November next, and continue till the first of the ensuing March.

THOMAS R. JENNINGE, M. D., Professor of Anatomy.
J. BERRICK LINDSEY, M. D., Chemistry and Pharmacy.
C. K. WINSTON, M. D., Materia Medica and Medical Jurisprudence.
A. H. BUCHANAN, M. D., Surgical Anatomy and Physiology.

JOHN M. WATSON, M. D., Obstetrics and the Diseases of Women and Children.
PAUL F. EVE, M. D., Prof. of Prin. and Prac. of Surgery.
W. K. BOWLING, M. D., Institutes and Practice of Medicine.
WILLIAM T. BRIGGS, M. D., Adjunct Professor and Demonstrator of Anatomy.

The Anatomical rooms will be opened for students on the first Monday of October, (the 5th.) A Preliminary Course of Lectures, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

The Tennessee State Hospital, under the direction of the Faculty, is open to the Class free of charge.

A Clinique has been established, in connection with the University, at which operations are performed and cases prescribed for and lectured upon in the presence of the class.

Amount of Fees for Lectures is \$105; Matriculation Fee, (paid once only,) \$5; Practical Anatomy, \$10; Graduation fee, \$25.

Good boarding can be procured for \$3 to \$4 per week. For further information or Catalogue, apply to

PAUL F. EVE, M. D.,

NASHVILLE, TENN., July 16, 1857.

Dean of the Faculty.

CASTLETON MEDICAL COLLEGE.

There are two full Courses of Lectures annually in Castleton Medical College. The SPRING SESSION commencing on the last Thursday in February; the AUTUMNAL SESSION on the first Thursday in August. Each Course will continue four months. Degrees are conferred at the close of each term.

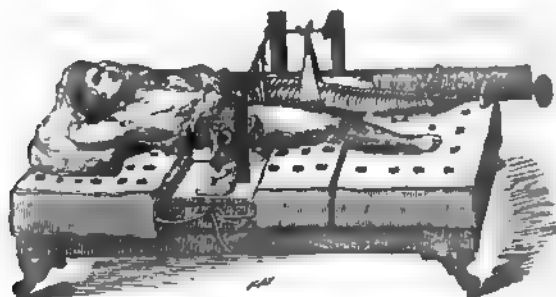
WM. P. SKYMOUR, M. D., Prof of Materia Medica and Therapeutics.
WILLIAM SWEETSER, M. D., Prof. of Theory and Practice of Medicine.
E. B. SANBORN, M. D., Prof. of Surgery.
WM. C. KITTRIDGE, A. M., Prof. of Med. Jurisp.

CORYDON LA FORD, M. D., Prof. of Anatomy.
P. D. BRADFORD, M. D., Prof. of Phys. & Pathol.
GEORGE HADLEY, M. D., Prof. of Chemistry and Natural History.
ADRIAN T. WOODWARD, M. D., Prof. of Obstetrics.

FEES.—For Lectures, \$50; for those who have attended two Courses at other Colleges, \$10; Matriculation, \$5; Graduation, \$16; Board from \$2.00 to \$2.50 per week.

A. T. WOODWARD, M. D., Registrar.

CASTLETON, Vt., June, 1856,



Burge's Apparatus for Fractured Thigh

is respectfully submitted to the examination and criticism of the profession. It is a late invention, which has elicited very favorable comment, as far as it is known. It has been thoroughly tested in actual practice, and has produced the most gratifying results. It is remarkably simple in its construction, easily applied, comfortable to the patient, adapted to fracture of either limb and to patients of any size. It is free from all the objections to which the ordinary straight splint is liable, and possesses other new features of great practical utility. By it the counter-extending pressure is confined to the nates and tuberosities of the ischia, and does not at all impinge upon the front of the groin, by which means one of the most frequent sources of annoyance and danger is obviated. No part of the body is confined except the injured limb and that to which it is immediately articulated, viz., the pelvis; thus the chest is left entirely unrestrained, and much freedom of motion granted to the whole upper part of the body, which tends greatly to the comfort and health of the patient.

The pelvis is so secured as not to be liable to lateral motion or to sink in the bed.

Provision is also made for facility of defecation thus ensuring the greatest possible cleanliness, and preventing the necessity of disturbing the patient when his bowels are moved. Until the 1st of May, 1857, numbers of the profession may obtain this apparatus complete in all its parts and nicely packed, by sending thirty dollars by mail or express to the address of J. H. Hubert Burge, M.D., or William J. Burge, M.D., 40 Court Street Brooklyn, N. Y., expense of transportation to be defrayed by the purchaser. After the above mentioned date none will be furnished less than thirty-five dollars, because of improvements which have been made since the price was originally announced.

For further particulars see Transactions American Medical Association, Vol. X, and New York Journal of Medicine, May 1857, or address as above.

NEW YORK OPHTHALMIC SCHOOL.

The underscriber will give his SIXTH Course of Lectures on OPERATIVE OPHTHALMIC SURGERY during the months of January and February, at the New-York Ophthalmic Hospital, No. 6 Payson Street.

Clinical instruction will also be given three times a week, by Drs. Stephenson and Garrison the Attending Surgeons of the Institution. The avails of the same given to the Hospital.

For further particulars inquire of the undersigned, at his office, 333 Broome Street, or 124 Fifth Avenue, corner 25th Street.

MARK STEPHENSON, M.D.

DECEMBER 21st, 1857.

SYRUP OF SUPER-PHOSPHATE OF IRON.

This elegant preparation contains five grains of the salt to each fluid drachm of the syrup. It has a pleasant acidulous flavor, is free from ferruginous taste, and does not blacken the stools or affect the teeth.

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THE PRIZES OFFERED BY DR. JAMES R. WOOD,
to the MATRICULATED STUDENTS for the Terms 1856-7 and 1857-8, in
the COLLEGE OF PHYSICIANS AND SURGEONS, 23d Street. UNIVERSITY COLLEGE,
14th Street, and the NEW YORK MEDICAL COLLEGE, 13th Street, for the best

ANATOMICAL or SURGICAL PREPARATION,

to be placed in the MUSEUM OF BELLEVUE HOSPITAL, will be awarded
by the Professors of Surgery and Anatomy, in the above Colleges, on MON-
DAY, MARCH 1st, 1858.

TIMOTHY DALY,

New York, October 15, 1857.

Warden Bellevue Hospital.

BELLEVUE HOSPITAL.

GRADUATES AND STUDENTS OF MEDICINE

ARE INFORMED THAT THE

CLINICAL DIPLOMA

of BELLEVUE HOSPITAL is now ready, and all entitled to it are requested to call
on the Warden of the Hospital and procure it.

TIMOTHY DALY,

New York, October 15, 1857.

Warden Bellevue Hospital.

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H. HERNSTEIN,

MANUFACTURER OF AND DEALER IN

SURGICAL AND DENTAL INSTRUMENTS,
NO. 393 BROADWAY,

Between White and Walker Streets,

NEW YORK.

Respectfully invites the attention of Surgeons, Physicians and Dentists, to his
extensive stock of Surgical, Dental and other instruments, at his store, No. 393
Broadway, New York, which is constantly being replenished and added to from
his Steam Factory, No. 81 Duane Street, in this city.

Having long enjoyed the patronage of many of the Surgeons in the principal
cities of Europe and the United States, who bear testimony to the quality of his
Instruments, and the style of their finish; and having supplied many of the emi-
nent members of the Faculty, as well as of the public Hospitals and other In-
stitutions in the city of New York and elsewhere; he also refers to the award
by the Managers of the late Fair of the American Institute of their *Gold Me-
dal*, which was voted to *H. Hernstein* by the Premium Committee on the Re-
port of the three Judges, viz: *Drs. Reese, Carnochan, and Gilman*, who cer-
tified to the superior quality of the Instruments exhibited by him at the recent
Fair of the Institute, at the Crystal Palace.

Physicians and Medical Students are particularly invited to inspect his In-
struments, and judge of their superiority by comparison or otherwise.

All orders promptly attended to and the article warranted at *moderate prices*.
In this respect he shrinks from no comparison, when the quality and finish of
his Instruments are appreciated.

Medicine Chests for Families, Ships, or Plantations, always on hand, of
superior quality and of every size desired.

TO THE MEDICAL PROFESSION.
"Ferruginous Preparations."

Messrs. DELLUC & Co.

Would call the attention of Physicians and Druggists to their large assortment of Ferruginous Preparations, protected by a covering of sugar, so as to warrant their keeping for any length of time. These Sugar Coated Pills or Dragées, prepared by Messrs. Garnier, Lamouroux & Cie., of Paris, are warranted to contain the *exact proportions*, and prepared from the *very purest* articles; the following are a few of those *we can furnish in any quantites at the lowest wholesale price*, viz: *Iodide Lactate, Hydrogen reduced, Manganese and Iron, Vallet's Citrate and Tartrate of Iron*, also *Quinine Pills, 1 gr. each*; all the combinations of *Extract of Copaiba, Cubebs and Iron, Assafatida Pills*; all the alkaloïds in *granules* of one fiftieth (1-50) of a grain, *Opium Pills, 1 gr. each*; and other U. S. Pharm. Pills.

PHYSICIANS' PRESCRIPTIONS

will be put up with the above Dragées or Sugar Coated Pills only when prescribed; thus for abbreviation S. C. at the end of the pill prescribed. or the full word Dragées of Iodide Iron, &c., &c., &c. We have at the disposal of the Faculty correct lists, with proportion of active ingredients in each Dragée or Pill.

By Addressing,

DELLUC & CO., Dispensing Apothecaries,

635 BROADWAY, and

250 Fourth Avenue.

P. S. Messrs. H. C. BLAIR & Co., of Philadelphia, will take pleasure in showing the specimens to the physicians of that city.

TO THE MEDICAL PROFESSION.

The undersigned respectfully informs his Medical brethren that he has retaken the Store,

No. 309 BROADWAY,

Formerly occupied by George D. Coggeshall, and that he will there carry on the business of an Apothecary, in connection with his old establishment,

No. 6 BOWERY,

Hoping that, with competent assistants and strict attention, he will merit and receive a continuance of the favors he has hitherto enjoyed.

The profession may place implicit confidence in every article being of the best quality, and accurately dispensed.

All new preparations made or procured at short notice.

The undersigned will also endeavor to keep a supply of fresh Vaccine Virus for the benefit of the profession, on the usual conditions.

WM. J. OLLIFFE,

6 BOWERY, near Chatham Square, and

309 BROADWAY, near 11th St., N. Y.

January, 1853.

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MAGNETO-ELECTRIC MACHINES,
FOR MEDICAL PURPOSES.

DR. KINNE has arrived at the only proper mode of constructing these valuable Machines for Medical use, to obtain a certain and desirable effect. (Tonic and Anodyne,) as well as the proper manner, in detail, of applying them to the cure of disease, to obtain the desired result from a daily use in a large SPECIAL PRACTICE of thirteen years, in all forms of Scrofulous Diseases, Rheumatic and Nervous Complaints.

These Machines are now offered to the Profession and the public needing them, with his Book of full directions for their application in detail, in all cases, in which they have been found better than any other means, as a Principal Remedy, or an assistant to other Remedies in treatment of the various diseases in which they have been applied. These Machines with a Book of Instructions will be sold, warranted perfect, for \$10. The Book alone for 25 cents—may be ordered by post, and paid for with stamps.

Dr. Kinne keeps on hand the Crank Machine, ready for delivery, by the single machine or a quantity, and will make to order, as follows: For Medical and surgical purposes, a large, effective Spring Machine, with a direct current, or to change for a to-and-fro current: price \$25. Also, a good, effective machine, that may be operated by a weight or crank at pleasure: price, \$15. Also, Magneto-Electric Machine for \$6; a Galvanic Chair or belt for \$5, made to order.

N. B.—It is proper to state, in this connection, that Dr. Kinne's Machine is the only one arranged and constructed, from a full knowledge, (from long experience in practice,) of what is essential in the Machine to its success in use, and his Book of Directions is the only one ever published by a Physician of matured experience in that particular department, and it is by this aid of the Book that makes the Machine available useful to Physicians or domestic curers.

Dr. Kinne would now state, that he continues his business in his department of Special Practice in the treatment of all the symptoms of the Heroin and Lint.

All forms of Scrofulous Diseases, Nervous and Rheumatic Complaints—will cure Heroin in all cases and curable cases; will introduce Artificial Palate to restore the Voice, in cases of Cleft Palate. Contracted Muscles relaxed, and stiff and not ankylosed joints, rendered useful.

Will apply Medical Magnetism for those that need it—for Physicians and their patients, at his office, or at their residence.

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MICROSCOPICAL EXAMINATION
of Mucoid Tissues and Secretions.

THE undersigned offers his services to those members of the medical profession whose position requires them of the means required for the purpose, in making such microscopical and chemical examinations of discharges, SECRETIONS, TUMORS, etc., as are often required for the proper recognition and treatment of disease.

For from \$5 to \$25, according to the number of cases, analyses and drawings of microscopical specimens—the patient being expected to pay for the

instruction given in the application of the microscope to practical medicine and surgery.

J. W. E. GOULEY, M.D.,

late Professor of Anatomy in the Furman Medical College Lecturer on Microscopical Anatomy.

August, 1887.

No. 72 East 14th Street, New York

NOTICE.

The undersigned having removed from 309 Broadway, corner of Walker Street, all orders, in future, for his Preparations, are to be addressed to

THOMAS T. GREEN,

APOTHECARY.

352 Broadway, corner of 14th Street,
CROSS PLACE BUILDING.



OFFICES OF
Palmer's Patent Leg and Mechanical Surgery,
No. 378 Broadway, N. Y.,
376 Chesnut St., Phila., & 19 Green St., Boston.

A CARD.

AT the urgent request of the principal surgeons, physicians, and our numerous patrons in Boston, and various parts of the country, we have reluctantly been induced to relinquish the manufacture of Artificial Legs at Springfield, Mass., and to open an office and manufactory at 19 Green Street, Boston, Mass. We have now three institutions, to wit:—at New York, Boston, and Philadelphia, exclusively devoted to this branch of Surgical art; where we can favor City, Hospital, and Country Patients, of every class and condition, to the full extent, and with the most pleasing success, with artificial limbs that are perfectly natural in their appearance, easy and eminently serviceable in their operations; that disguise most perfectly the natural loss, and are truly economical. Mr. Palmer's Artificial Leg is without an important rival, either in Europe or America, and is worn by nearly three thousand persons with astonishing success, upward of five hundred of whom are ladies; and we have thirty individuals each walking upon two Artificial Legs.

In the prosecution of our enterprise we have associated with us an experienced physician and surgeon, who considers well and discreetly the anatomical features, the physiological and pathological condition of the mutilated member so attentively, that both surgeons and their patients may repose the utmost confidence in our ability and care to treat successfully and satisfactorily the worst forms and conditions of mutilated limbs.

We have thus far been able to keep pace with every improvement and humanitarian effort of the operating surgeon to save every portion of limb that is possible, in constructing the most useful and beautiful appliance for the parts made by Chopart's operation at the Foot; by Symes' operation at the Ankle and Knee Joints; and for every portion of limb, of the Leg, or Thigh.

In this respect, as well as in the peculiar and beautiful mechanism of this limb, our mutilated patients are most signally favored in the enjoyment of the superior benefits which science and art afford, and which have not, hitherto, been associated in the practice of this branch of Surgery. Until recently, and in connection with this invention, the patient, after submitting to a most painful and humiliating mutilation, has been committed to the care and operations of some common artisan—who, being entirely ignorant of the anatomy and pathology of the amputated limb—as also of the demands of nature, and alike regardless of the wounded spirit of his patron, has proceeded to add misfortune to misfortune, and heap humiliation upon humiliation!

The science and art which have distinguished our operations, and given them a triumphant and happy success, we are pleased to know, have been generously appreciated and accredited by the most prominent surgeons in this country and in Europe, our numerous patrons, and the intelligent community in general. In ERICHSEN'S *Lew and popular work on Operative Surgery* (London), this limb has been honorably noticed as follows, to wit:—"The most perfect of all the Artificial Legs we now possess, is the one invented by Mr. B. F. Palmer. This invention received the PRIZE MEDAL at the WORLD'S EXHIBITION of 1851. It merits the entire confidence of the Surgeon." In VELPEAU'S distinguished work on Surgery, with notes and observations by VALENTIN MOTT, M.D., Prof. of Surgery, and additions by GEORGE C. BLACKMAN, M.D., Prof. of Surgery, is the following extract, to wit:—"The Artificial Leg of Mr. B. F. Palmer has won the admiration of the most prominent surgeons in Great Britain, France, and this country. This certainly is one of the greatest triumphs of American ingenuity." These limbs are very durable, yet light, the average weight being four pounds. They are applied to the tenderest and shortest stumps with entire success. The leg is finely ventilated. In this country, it has been exhibited thirty-five times, and in every instance received the award of the highest or first premium. The patient is enabled to walk immediately upon its application, with remarkable ease, comfort, and naturalness.

Pamphlets, containing valuable information and numerous authorized REFERENCES, will be sent gratis to all who apply to PALMER & Co.

AMERICAN MEDICAL GAZETTE.

Vol. II.

MARCH, 1858.

No. 3.

ORIGINAL DEPARTMENT.

History of Philadelphia Almshouse Hospital, &c.

On the 6th March, 1828, the Legislature passed an Act, that the Select and Common Councils of the City of Philadelphia, and the Commissioners of the respective districts, "shall" elect twelve respectable citizens within the bounds of their respective jurisdictions, who shall be styled the Commissioners for Erecting Buildings for the Accommodation of the Poor: the Commissioners, with the approbation of the Board of Guardians, "to purchase a suitable site, not exceeding two miles from Broad and Market Streets" and with the concurrence of the Guardians to erect "buildings suitable for an Hospital, Almshouse, House of Employment, and Children's Asylum."

In May, 1828, Messrs. Wm. Boyl, Nathaniel Bunker, Emanuel W. Keyser, John Moore, Charles Johnson, Isaac Roach, George N. Baker, James A. Mahany, John M. Ogden, George Winsor, Thomas D. Grover, and William McGlinsey were elected Commissioners, and Messrs. Thomas P. Cope, Abraham L. Pennock, Matthew L. Bevan, John Hemphill, Thomas Rogers, Thomas Earl, John Kessler, Jr., William Binder, James E. Spencer, Michael Day, John Keelt, and Dr. Jesse R. Burden were the Board of Guardians. The results of the action of these bodies were the purchase of the "Brockley Farm," and the erection of the present buildings.

The "Brockley Farm" contains about 190 acres, situated on West side of the Schuylkill, bounded on the East by the river: West by Darby Road: the Northern line is opposite Spruce, and the Southern

boundary is parallel to Christian Street. In the Eastern front are some twenty acres of swamp and overflowed land, about twenty acres are covered by buildings, and the remaining portion of the ground is devoted to roads, farming and truck purposes.

Previously to 1853, the "Board of Guardians of the Poor" consisted of twelve members, elected by the Councils of the City, the Commissioners of Northern Liberties, Kensington, Spring Garden, Penn, and Southwark; their duties were to manage the "Almshouse," and attend to the wants of the poor in their respective districts. In some of the other districts, which formed parts of Philadelphia County, the paupers were maintained in their own "Poor Houses," or supported in some other way.

In 1853, the Legislature passed the "Act of Consolidation," whereby most of the suburbs which surround the City, and which had formed the "County," were united with it, and the whole called "City of Philadelphia," and divided into twenty-four Wards. By the consolidation act the Board was made elective by the people of twenty-two Wards—the other two Wards, (22nd and 23rd,) having Poor Houses of their own, were not included in the arrangement.

This "Palace for Paupers" was completed in 1834, and at that time was supposed by many to be one of the largest and best buildings in the world for its purposes. The House is an oblong square, the Northern and Southern fronts being 1000 feet long, and the Eastern and Western faces are 600 feet; the building all around is from 50 to 70 feet wide, three stories and an attic in height; from floor to ceiling the space is from 12 to 18 feet. The Eastern Building contains the men's out wards, ulcer wards, incurable wards, general office, Guardian's room, apartments of the Steward, dining room for assistant resident Physicians, office of Superintendent of manufactures, clerks' office, bakery, meat room, and men's cells. The North Building contains the children's asylum, and hospital; in the latter are the white men's surgical, black men's surgical, venereal, and eye wards; white and black men's medical, men's drunkards, white and black women's surgical, white women's medical, women's drunkards, white and black women's venereal, black medical, and obstetrical wards, kitchens, rooms for nurses, assistants, hospital committee, and chief resident Physician. The West Building contains the white and black nurseries, white obstetrical, women's eye, incurable, and out wards, with offices for committees, and matron's apartments. The South Building is the lunatic asylum, and, in addition to apartments for the

patients, contains rooms for house-keeper, nurses, assistants, committee, office of chief resident Physician, and library, in which about 4000 medical volumes, (some of them very rare and valuable.) This part of the establishment was formerly the hospital and lunatic asylum. In the centre of this building is one of the best arranged lecture rooms I have ever seen, capable of seating 600 to 700 auditors. In former times, when the immense clinical advantages of this Institution were more highly appreciated than they have been for the last ten years, by practitioners and students of medicine, this room was occupied twice a week, by from 250 to 400 pupils.

To the Northwest of the lunatic asylum is situated the "Lodge" for the most violent patients. This building is about 130 feet long, 30 feet wide, and one story high.

The small pox hospital is to the Northeast of the general hospital; it has ample accommodation for about 40 patients.

Within the enclosure formed by the general building are the carpenters', tailors', shoemakers', painters', tanners', locksmiths', and weaving shops, and other buildings for store, wash-houses, &c. In the basement of the hospital are the coopers', blacksmiths', and soap boilers' shops, and dye-house. Outside the enclosure are the residences of the farmer, gardener, ferryman, superintendent of manufactures, and chief resident Physician.

In the different workshops of the establishment the articles for the clothing of the inmates are manufactured, as far as is practicable to do so; garments, shoes, &c., are made by the paupers, and as far as they can be done, the repairs and jobbing of the Institution are attended to under the supervision of proper officers by similar persons.

In the centre of the first floor of the Northern Building a very commodious church is fitted up, and its pulpit is occupied on Sundays, part of Tuesdays and Thursdays, by ministers of various denominations; while those unable, or unwilling to attend Public Worship, have every facility afforded them to receive religious advice from clergymen of any denomination they prefer; thus people of all creeds have the opportunity to worship God here "according to the dictates of their own conscience."

Notwithstanding the immense size and almost perfect general character of the building, there are some serious defects in the arrangements of the house that could be readily remedied if our "City Fathers," who hold the purse strings of this Department, could or would make themselves so familiar with its workings and wants, that they

might ascertain that the improvements I shall mention, which have been proposed to them, would be incalculably beneficial to the health of the inmates of the House, and in a few years a saving of large amounts of money to the tax payers of the city; but at present it appears almost impossible to induce our Councilmen to take the same view of management as our Board, twenty-two respectable gentlemen who are elected, as are the members of the Councils, by the citizens of the different wards; but I am in great hopes that the improvements referred to will soon be made, for Councils have just appointed a Special Committee of intelligent members to make a thorough investigation of the affairs of the Guardians, and the condition of the Institution. From an experience of seven months here, I am satisfied that the result of the examination will be great praise to our Board, and a recommendation that the improvements be made. The defects I allude to are in our heating, lighting, and water closet arrangements; the Women's Hospital and Lunatic Asylum are heated by steam, made by boilers in the basements; all the other wards are heated by stoves in which coal is burned. The entire establishment is lighted by oil. Imagine for a moment the danger, to say nothing of the injurious effects upon health, to which we are exposed by fire from the many stoves and the hundreds of lamps that are constantly in use. The Women's Lunatic Asylum is supplied with water closets, but the inmates of every other part of the house must travel to privies in the yards. The expense for oil is about \$2,700 per annum, while it is estimated that the cost of gas for the same period would not exceed \$1,200.

As nearly as I can ascertain, the Blockley Farm Buildings and improvements have cost the citizens of Philadelphia about \$1,000,000.

The following table exhibits the amount expended for the support of the poor of this city, from 1848 to 1857 inclusive; the statement includes the cost of groceries, provisions, fuel, &c., distributed to the poor in the different districts, and the expense of maintaining the Almshouse proper.

		<i>Average Population.</i>	<i>Cost per Day.</i>
1848.....	\$248,930 14	2,234	30.8-10
1849.....	218,023 72	2,195	27.4-10
1850.....	297,014 91	2,010	40.5-10
1851.....	294,197 55	2,009	40.2-10
1852.....	302,359 76	2,137	38.8-10
1853.....	336,964 18	2,167	42.7-10

1854.....	349,979 91	2,141	44.8-10
1855.....	317,790 75	2,039	42.7-10
1856.....	267,486 32	2,392	30.7-10
1857.....	236,564 47	2,538	25.6-10
Average for ten years.....			36.4-10
1856 and 1857.....			28.2-10
1854 and 1855.....			43.8-10

Difference in favor of 1856 and 1857—15.6-10.*

The amount distributed in groceries, fuel, provisions, &c., should be deducted, to enable us to obtain the correct amount for the expenses of the "Almshouse."

In 1855 the amount of Out-door Relief was..	\$102,998 87
" 1856 ..	65,705 68
" 1857 ..	51,475 11

If this last amount be deducted from the entire expenses of 1857, it will demonstrate that it has cost in the past year to keep the Institution in repair, furnish fuel, lights, pay salaries of officers, clothe and feed an average population in the house of 2,538, the sum \$158,089.36; about \$1.41 per week, or 20 cents and a fraction per day, for each individual. But the expense is even less than this small sum, for the transient lodgers in the house are not included in the estimate of average population; of these there have been over 900 in the last two months who have been supplied with supper and breakfast, and occasionally dinner, which would make an increased average of about 15 per day.

Since I have been connected with this Institution, it has often been a matter of surprise to me that any twenty-two gentlemen would devote several hours every week, without fee or reward, for the foregoing statements demonstrate that there can be no stealings to the management of a public charity. It has been said that Republics are ungrateful; but it appears to me that the citizens of Philadelphia must appreciate the wise and economical government of the present Board of Guardians, and award them the meed of praise they so richly deserve.

The following gentlemen form the Board of Guardians and officers:

Messrs. Jas. D. Brown, *President*; F. A. Server, *Treasurer*; Jno. F. Hershley, W. T. Lafferty, Jas. Armstrong, Hugh Gamble, Henry A. Cook, Wm. Riddle, John Hartman, N. R. Mosley, Chas. Taylor,

* Public Ledger, Wednesday, January 13th, 1858.

John Dunlap, Marshall Henszey, Geo. Husin, Andrew Hackett, Jas. Smith, Jas. Lloyd, Jno. A. Fisher, Jas. Robinson, Jas. S. Reeves, Joseph Evans, Alex. C. Garvin; *Secretary*, C. U. Schlater; *Steward*, Chas. Murphy; *Clerk*, Joseph W. Burk; *Out-door Agent*, Edmund Brewer; *In-door Agent*, Henry Hoover; *Farmer*, George Meley; *Gardener*, Wm. Graham; *Supt. of Manufactures*, W. Muldoon; *Ferryman*, Joseph Ralston; *Apothecary*, Geo. F. Peall; *Matron*, Mrs. Hugans; *Matron of Children's Asylum*, Miss Robinson; *Storekeeper*, Daniel A. Kelly; *Baker*, Hugh Mealy.

The Medical Staff consists of:

Chief Resident, Jas. McClintock, M.D.; *Assistant Residents*, A. K. Graham, M.D., N. C.; J. L. Schoales, M.D., Phila.; Jas. G. Christie, M.D., British America; Geo. J. McLeod, M.D., Phila.; Fausto E. Rendon, M.D., Central America; Jas. W. Pittinos, M.D., Phila.; Chas. C. McGlaughlin, M.D., Penn.; Mch. Bradley, M.D., Phila.

In my next communication I hope to give you a special account of the Hospital and Lunatic Asylum. Yours truly,

Philadelphia, January 28th, 1858.

JAMES MCCLINTOCK.

SELECTIONS.

Extract from Dr. J. W. Francis' Oration before the New York Historical Society.

In 1811 was projected the ample Bellevue Hospital and Almshouse, which was rendered fit for the reception of its inmates in 1816, at a cost of nearly half a million of dollars. The medical government of this great establishment was placed under a visiting or consulting physician, while the immediate attendance was confided to one or two physicians who resided in the institution. A malignant typhus or hospital fever breaking out, which made great havoc both with the patients and the doctors themselves, led to the appointment of a special committee of inquiry into errors and abuses, when Dr. Joseph M. Smith and Dr. Isaac Wood assumed the medical management. The occasion gave origin to the Fever Hospital, at the recommendation of Dr. David Hosack, to which charity the febrile cases were transferred, when within a month the pestilence was happily at an end. Dr. Isaac Wood now received the appointment of resident physician of the Bellevue Hospital, and held the office seven years, with signal benefit to the public interests and to humanity, when his resignation led to the acceptance of the trust by Dr. B. Ogden. The tortuous policy of

politics, however, now led to party appointments, and the evils incident to such policy flowed in with increased force; inexperience betrayed her incompetency, and the soundest whiggism and most radical democracy often proved equally ignorant of the principles of hygiene and curative measures. Typhus again resumed her work, and change became imperative. In the midst of revolutionary struggles, in order to rectify this deplorable condition, the government of this great institution was at length placed under the medical discipline of Dr. David M. Reese, as physician in chief. Justice demands that it be recorded, that this appointment led to a great reformation. Dr. Reese, during his term of office, stood forward the champion of innovation and improvement, and displayed in a noble cause a perseverance and ability which have proved of lasting benefit.

In 1849 the office of Resident Physician was abolished by the Board of Governors of the Almshouse, to whom the control of the establishment had passed, and the administration of the medical department of the Bellevue given over entirely to a Medical Board. Enlargements of this vast charity have from time to time been made, commensurate to the wants of an increasing population, and advantageous improvements have been adopted, characteristic of the enlarged policy of our municipal authorities.

The Bellevue Hospital may well be pronounced a noble rival to the finest and best conducted charities in the world. As a school of practical medicine and surgery, its claims will be conceded by all; and from my official connection with its affairs, for some years, I can testify to the disinterested zeal and benevolence and devotion which dignify its medical and surgical Board, and clinical instructors. It is due to individual zeal and professional ardor to add, that the great field of medical and surgical practice which the Bellevue Hospital presents, has recently led to the formation of a museum of pathological anatomy, by Dr. J. R. Wood, one of the clinical instructors.

But where am I to stop when I have entered upon a consideration of the humane and benevolent institutions of this metropolis? the briefest notice of those alone which have been created since the incorporation of the Historical Society, by legislative authority and individual liberality, would fill a volume. Some other occasions may be appropriated to so instructive an undertaking. Among her thousand claims to commendation, I consider the charities of this metropolitan city the noblest trophy she bears; and as I am much in the habit of connecting with her various institutions the names and promoters

of those beneficent foundations, I cannot separate the blessings which have been imparted to suffering mortals during the long career of the New York Hospital, the wisdom imparted by clinical instruction to the hosts of students who have resorted thither for some two or three generations, and the triumphs of skill which the professional literature of the country records, achieved by Bayley, Post, Hosack, Kissam, Seaman, Stringham, and Mott. Memoirs of these eminent professors of the art of healing have long been before the public. Yet I could have wished that some surgical friend had delineated with more satisfaction than has yet been done, the great career, as an operative surgeon, of Richard S. Kissam. For thirty years he was one of the surgical faculty of the New York Hospital, a station he was solicited to accept, and displayed in his art resources of practical tact and original genius. He was emulous of surgical glory, and he obtained it. Our city had the honor of his birth; he was one of the sons of the renowned lawyer, Benjamin Kissam, who had been the legal instructor of John Jay. Young Kissam received a classical education under Cutting, of Long Island, and was graduated M.D. at Edinburgh, in 1787. Upon receiving the doctorate he travelled over the continent, and made a visit to Zimmerman, who presented him with a copy of his work on Solitude. Horace and Zimmerman were the two authors Kissam most delighted in. His long and triumphant career leaves no possibility of doubt as to the solidity of his pretensions. Society had little attractions for him; he was absorbed in his profession. During more than twenty years he was the most popular orator the city could boast, and he was often called the man of the people. His professional liberality to the afflicted poor was a striking characteristic of his whole life; while from the affluent he demanded a becoming return for his skill. He died in November, 1822, aged fifty-nine years.

There are due, by the inhabitants of this metropolis, many obligations to the administration of the New York Hospital, for their early and incessant efforts to mitigate the horrors and alleviate the sufferings of the insane. The loudest calls of humanity are often awakened in cases of afflicted intellect, and the solicitude which has from time to time invoked new desires for their relief, has, by this institution, been crowned with results cheering to the philanthropist. In 1808 the governors of the hospital erected an edifice for the exclusive use of the insane, on grounds adjacent to the south wing of their city hospital, and Dr. Archibald Bruce was elected as physician. In 1820

the large and commodious institution at Bloomingdale, under their government, was opened for that special class of patients.* This beautiful site, with its ample buildings, is eminently fitted for the benevolent design originally projected, and De Witt Clinton secured its perpetuity by legislative grants. Among the medical prescribers to this magnificent institution, have been Hosack, Neilson, Bayley, Ogden, MacDonald, and Pliny Earle. To this last-named physician the public are obligated for valuable statistics and reports on mental alienation. When justice is done in an historical account of the Bloomingdale Asylum, the services of that prominent citizen, in acts of benevolence, the late Thomas Eddy, will be more entirely appreciated. He seized the first opportunity to enter into a correspondence with Samuel Tuke, of York, in England, learning of the success which, under moral management, had followed the treatment of the insane; and in Knapp's Life of Eddy are to be found many incidents connected with the literary and professional intercourse of these two worthy disciples of Primitive Barclay. When abroad in Europe I found that the condition of lunatic asylums, and the treatment of those suffering the tortures of a diseased mind, were subjects attracting great notice. The Report of the Inquiry instituted by Parliament was then just published, and vast abuses exposed, and I was prompted by more than a vacant curiosity to add personal facts to my reading, by the inspection of many institutions devoted to insanity, and the treatment adopted by them. I found more barbarity and indifference in the medical discipline of these lamentable subjects of insanity in the establishments in Holland, than elsewhere. At the Bicêtre, in Paris, I was delighted with the fatherly care and medical tact of Pinel, now the acknowledged discoverer of the great benefits of moral management, but who, a short time before, was annoyed by the vituperations of the British press. At the Retreat of Samuel Tuke, the benevolent and philosophic Quaker, I found all verified that his novel and impressive work related, and I was emboldened to write to Eddy, on the success of this important innovation on old prejudices which this institution presented. The result was, that, fortified by the most gratifying testimony, the writings of Tuke and the publications of the day, with verbal details by intelligent travellers whom Eddy consulted, the moral management found the strongest advocates among the members of the Hospital Board, and demonstrative proof has multiplied itself again and again, that while the doctors' art is often indispensable to restore

* Hosack's Life of Clinton.

to right reason, yet that, in an imposing variety of cases, disturbed intellects are rendered again healthy, not so much by the prescription of drugs as by humane treatment, and that system of management which the Retreat so advantageously enforced. Thomas Eddy will ever be remembered as the active agent in this great measure in the New World. Pathology has not as yet yielded us any great light on the grave causes of mental aberration, and the knife of the dissector has often failed to trace altered structure in the most perverted cases of lunacy. Hence, we estimate at a still higher price the value of discipline, the exercise of the kindlier affections, and moral culture. When the adoption of these curative measures shall have become more general, we shall no longer hear of the flagellation of an infirm monarch, or of ponderous manacles and eternal night as articles of the *materia medica*. Our countryman, Rush, has enlarged our storehouse of facts on the diseases of the mind; and the treatise of Dr. Ray, of Rhode Island, has strengthened our philosophy on the analysis of intricate cases in juridical science.

With the bare mention of that newly-created charity, St. Luke's Hospital, now about to open its portals for the accommodation of the afflicted—an institution the offspring of Christian benevolence, aided by the outpouring liberality of our opulent citizens—with the further prospects we have before us of a Woman's Hospital, for the special relief of infirmities over which recent science has triumphed in the hands of Dr. Sims, and the cherished hopes derived from the success of our enlightened countryman, Dr. Howe, of Boston, that in due season even the forlorn idiot may be rescued, I reluctantly dismiss all further notice of the many corporations of like benevolence which flourish in this metropolis. But it is the less necessary on this occasion to notice the progress of humanity in this rapidly increasing city since the commencement of the Historical Society's labors; a partial estimate may be formed of the work that is actually done, and is doing among us, from the statement lately furnished by that accurate observer, Dr. Griscom.*

* According to a tableau which I have compiled, says Dr. Griscom, chiefly from their own published statements, there are in this city devoted to the care of the sick poor, four general hospitals, five dispensaries, two eye and ear infirmaries, one lying-in asylum, three special hospitals (on Blackwell's and Randall's Islands,) several orphan asylums and prison hospitals, besides other unenumerated charitable and penal establishments, where medical and surgical aid is rendered. In the institutions thus enumerated there were treated, in 1853, 151,449 cases of disease of every variety. Devoted actively to the service of these patients, we find recorded the names of 169 medical men. Estimating the professional service rendered these patients at what is denominated, in the last

With facts of this import before us, who will gainsay the claims of the divine art of healing to that public recognition which is yielded to the highest and most solemn of the professional labors of life? who that properly contemplates the duties, the objects, and the desires of the real physician, can prove reluctant in awarding to his responsible calling merits not surpassed by those of any other human avocation? Let the moralist and the philosopher give attention to the progress medical science has made during a period not longer than that of an ordinary human life; investigate the achievements which have marked the past thirty years; learn in how many ways pestilence has been disarmed of half her weapons; individual disorders lessened in malignity or exterminated; hygiene fortified with new capabilities; the principles of sanitary laws comprehended and applied; individual life made happier and prolonged; the health of mighty populations improved, and the great numerical increase in longevity. London is at the present day to be enumerated as first of the healthiest cities in the world; and the statistics which have been given to the public by our countryman, Dr. Campbell F. Stewart,* show us the grounds upon which life annuities may be granted to the greater advantage of the insurer, a ratio of improvement which Price, Morgan, and Finlaison never anticipated.

Nearly all this has been accomplished by the mental activity, the science, and the philanthropy of the medical faculty. Had now this opulent city a proper sanitary commission duly organized, with our almost unequalled topographical advantages, we might boast of a population whose mortality might safely be estimated at twenty-five

report of one of these institutions in true mercantile phrase, the "lowest market value." (which of necessity varies in the several institutions, in consequence of the varied character of the cases,) we have an aggregate of \$745,458. An analysis of the circumstances connected with these services shows that of these 169 medical men, 36 are merely boarded and lodged at the expense of the institutions, or receive pay equivalent thereto, amounting in all to \$6,552; 30 of them receive salaries varying from \$200 to \$1,500, in the aggregate, \$20,560; while the remaining 103 receive no compensation whatever. In addition to this, if we estimate the amount of *private* gratuitous advice which every medical man renders, in the emergencies of the sick poor, at the moderate rate of \$1.00 per annum, the number of practitioners in this city being about 900, we have a total sum of \$90,000 to add to that before given, making a total of services rendered by the medical profession, in the year 1853, to the sick poor in the City of New York, of \$835,458, of which there is returned \$27,112. In whatever light it may be viewed, the rendition of these services is simply the contribution of the medical profession to the support of public charity, to the full amount mentioned; it is so much saved to the taxpayers.—*Anniversary Discourse before the New York Academy of Medicine, Nov. 22d, 1854, by JOHN H. GRISON, M.D.*

* Discourse before the New York Academy of Medicine.

or thirty per cent. less than is recorded of its present inhabitants. Sad, sad indeed, is the reflection, that responsible trusts are not always confided to competent officials. The trammels of party too often defeat the best designs, and incompetency usurps the seat of knowledge. How long we are to be doomed to witness this monstrous incongruity and suffer its penalties, time alone must show.

In taking a retrospective view of the progress of medical science during the past fifty or sixty years in New York, the instructors and practitioners of the healing art have had many reasons for rejoicing. Our medical colleges have enhanced in power and the means of enlightenment.* The collateral branches of science are unfolded by more ample apparatus, and by experiments such as in former days were wholly beyond our reach. Our medical annals are enriched with recorded evidences of great chirurgical skill, of novel and successful proofs, of wise discrimination, and of genius happily demonstrated; in the practical displays of clinical sciences, the writings of our authors have furnished lessons of instruction to the masters of the art abroad. Our medical and scientific literature is sought after with becoming deference by remote professors in foreign schools, and has the honor of translation for continental Europe. All this for a long season has been gratifying to individual pride and flattering to our character as a rising people. Yet it is not to be concealed that imposture still holds its influence among us, and that as a learned body the medical profession is still disfigured by pretenders to its secrets; that jarring elements still disturb its harmony, and that the public, scarcely to be presumed to be the best judges of the recondite qualifications of the disciples of healing, are still molested by the artifices of the designing and the effrontery of the ignorant.

More than forty years ago I gave utterance to my opinion on the condition of the medical art in New York.† The reasons for denun-

* Now three in number:—The College of Physicians and Surgeons, founded in 1807—its present head, Dr. Cock; the University of the City of New York, founded in 1840—present head, Dr. Draper; and the New York Medical College, founded in 1848—present head, Dr. Green.

† “That almost every district of our country abounds with individuals who set up to exercise the duties of practitioners of medicine need scarcely be stated; how great is the number of them, who, from want of proper education and from habits of indolence, are totally ignorant of the first principles of their profession, and who degrade the noblest of studies into the meanest of arts, cannot have escaped the attention of any who at all regard the interests of society. That characters of this description do abound, not in this or that particular city or district, but are to be met with in almost every part of the country, is a fact which no one, we presume, will have the hardihood to deny. Though they

cation of many occurrences then prevalent were stronger than at the present day. The condition of affairs is ameliorated. Numerous agencies have been in operation since that period, which have corrected many abuses detrimental to public safety. Then we could not speak of a school of Pharmacy. The Indian doctors and the effete remnant of licentiates by a justice's court, thanks to a superintending Providence, now rest from their labors. Collegiate knowledge is more widely diffused, and he is an adventurous individual who now presumes to approach the bed-side without the clinical knowledge of hospitals. It may be written as an axiom, You might as well create a practical navigator by residence in a sylvan retreat, as furnish a physician without hospital experience.

Nevertheless, it would be criminal to ignore the fact that the noble art still struggles with many difficulties, and it is a glaring truth that not the least of them has arisen in the vicissitudes of legislation. The few wholesome laws which a century had brought forth, for the advancement of medicine and the protection of its rights, were by state authority, some ten or twelve years since, abrogated, and strange to add, the bill which accomplished that nefarious measure was introduced into the chamber of the Senate by a partisan representative from this city. The distinguished president of our Historical Society, Lieut. Gov. Bradish, was then a member of the Senate. It is scarcely necessary to add that his cultivated mind recoiled at the measure, and that his strenuous efforts were exerted to defeat the iniquitous law. There was no monopoly existing to absorb the rights of others that could justify such enactment. The colleges did no more than confer their usual honors, to distinguish and reward merit; they fostered rising talent, and held communion with mature experience, with no other aim than to exalt excellence; their very incorporation forbade their countenance of corrupt practices, and with the principles ever inherent in disciplined minds, they disdained to mar the rank of professional worth. I have often had my credulity taxed to believe

differ from beasts of prey, inasmuch as these are most generally found in the uninhabited wilds of the country, while those are most abundantly congregated in our largest and most populous cities, yet they wage war with equal success as it regards the destruction of their objects. So frequently, indeed, do they present themselves to our view as almost to have become domesticated and familiar with us, and to have lost that novelty which monsters in general possess. The inroads and depredations which they commit bid defiance to all calculation; whether they come in the natural shape of nostrum-mongers and vendors of infallible cures, or whether they assume a peculiar grimace and affected sapience, that touch us equally pestilential."—*American Med. and Philosoph. Register*, vol. iii.

that in these enlightened days such hardihood could have been exhibited by the makers of our laws, and that too at the very seat of wisdom, where our special guardians of literature and science, the Hon. the Regents of the University, annually convene; and where, moreover, that long created association, the State Medical Society, with its many able members, are wont to exercise their chartered privileges for medical improvement.

It is almost superfluous to remark that the memorable act to which I have alluded was received by the profession with emotions of sorrow and indignation. It was now seen that the noble art was again left unprotected by the representatives of the people, and consequently by the people themselves. It had thus found itself in the beginning of the city, but a revolving century had presented some relief; its prospects had brightened, and the rights and immunities of the regular physician had been recognized, and approved laws had secured him against the tricks of the harlequin and the wiles of the over-reaching. The disciplined medical man is not, however, the easiest to be disheartened. His study is human nature, and he comprehends its phases.

Intus et in cute novi.

He is familiar with hindrances, and in the exercise of his art has often prescribed for individual mental delusion, and can comprehend the sources of popular error. What is sporadic he knows may become epidemic.

The medical faculty, accordingly, now took a new view of the interests of their profession and the safety of the people. Their determination was fixed that no degeneracy in that science to which their lives were devoted, should follow as a consequence of pernicious legislation. Notwithstanding all restrictions of qualifications for the exercise of the art might be considered as removed, yet the city was not to be dismayed by absurd enactments, nor the profession alarmed because the door was opened so wide that all who chose might enter into practice—a broader privilege than is enjoyed, I believe, by any of the members of the mechanical fraternity. Other circumstances, not now necessary to be enumerated, strengthened their designs and favored their deliberations, and there was no reason for delay. The auspicious hour had at length arrived, and the formation of an Academy of Medicine in this city was secured. This timely, this judicious, this important, this necessary movement owed its creation to the wants and honor of the profession, and the perpetuity of its rights. Association, it was

lamented, was occasioned by a dissection wound, arising from his zeal to arrive, by a post-mortem examination, to more certain pathological conclusions, in a case of singular interest. He met this unexpected disaster with exemplary forbearance, and experienced the consolation of a Christian's hope in his final departure. The Academy paid appropriate funeral honors to his memory, and the Rev. Dr. Tyng, of St. George's Chapel, of which Dr. Stearns had long been a member, delivered an appropriate discourse on the life and character of the "Good Physician."

Great as was the devotion paid by Dr. Stearns to practical medicine, he was in earlier life enlisted in political affairs; and we find him in the Senate of the State of New York in 1812, and a member of the Council of Appointment. Shortly after the organization of the State Medical Society, he delivered the annual address, as President. He was for many years a Trustee of the College of Physicians and Surgeons. His name is recorded as one of the founders of the American Tract Society, and he took a deep interest in the welfare of the Bible Society, and the Institution for the benefit of the Deaf and Dumb. The annals of charity include his name in other institutions of a benevolent design. His philanthropic spirit cannot be questioned. His writings on the profession, and on subjects of a kindred nature, are scattered through the periodicals of the times. He is indissolubly associated with an heroic article of the materia medica, the virtues of which his clinical sagacity first brought to notice. His brief paper on Catalepsy attracted the attention of the learned Dr. Good. This short sketch must suffice to show that the Academy were judicious in their choice of their first officer, and both his inaugural address and the manner in which he fulfilled his trust, soon dismissed all doubt as to the wisdom of their suffrage. This venerable man gave dignity to the meetings; his courteousness secured deference and maintained authority; his knowledge and his impartiality added fairness to debate, and increased the gratification of intellectual association.

The office of President is filled by annual elections. The present head of the Academy is Valentine Mott, whose zeal and assiduity in behalf of the great interests of medical and surgical science, half a century's labors testify. The lustre of his great name seems to have still further swelled the number of friends to the Academy, and excited additional activity among them to promote the expressed designs of its incorporation.

[From the Southern Med. and Surg. Journal.]

A Clinical Lecture upon some of the Effects of Intemperance.

Delivered at the Augusta City Hospital, by L. A. DUGAS, M.D.,
and written out by special request.

GENTLEMEN—The case of the woman we have just left in a moribund condition, is well calculated to arrest our attention. This woman, who now seems to be about 40 years of age, and who presents to us so lamentable a picture of the effects of vice, is one of the frail sisterhood, who, having in her youth forfeited her social position, fled from the parental roof to a den of infamy, and has been ever since endeavoring to drown her remorse in alcoholic and other narcotic potations. She was a short time since taken from a miserable negro hotel, and brought here to die and to be buried at the expense of the city. You may have observed when we first saw her, a few days ago, that she was still able to speak, although her articulation was slow and somewhat difficult—that she lay upon her back without the power to move either her limbs or her trunk, but still retaining her sensibility as well as her mental faculties comparatively unimpaired—that she was not laboring under paralysis, properly so called, but that she was suffering from a real exhaustion of nervous power throughout the whole system, which had been gradually progressive, and without any indication whatever of local organic disease. She now appears to be asleep with her eyes half open, but breathes quietly, and presents none of the phenomena of apoplexy. She has passed into this state gradually since you last saw her, and her small and rapid pulse indicates an early termination of this process of resolution. The energies of life, long undermined by dissolute habits, have gradually yielded, and she now dies evidently from mere nervous exhaustion.

It is in the presence of cases like these that the physician realizes in its fullest force one of the evils—perhaps, alas, a necessary evil—of the social system of refined civilization; I mean that which condemns to perpetual infamy the unfortunate female, who, in a moment of infatuation, yields to the designs of an artful and heartless deceiver! She soon realizes her dreadful error, and yet dares not, as she had always done before, appeal to the parents who would affectionately overlook any other guilt and endeavor to palliate it—for she knows that this is an unpardonable sin, even in the sight of those who gave her birth! Oh, if she could only be allowed to throw herself upon

her knees, implore their forgiveness, and receive from them even a look of kindness, she would do so, continue to dwell with them, and probably lead a virtuous life the remainder of her days. But, no; she must fly, or be driven from the midst of those she loves, and be an outcast among the vilest refuse of society, where, with a broken heart and lacerated conscience, she naturally seeks relief in the obtunding use of narcotics of one kind or another! The effects of these are before us; we here behold, however, only *one* of the sad consequences of intemperance, and, if you will pardon me for dwelling upon a topic, perhaps trite, I will take this opportunity to make a few comments upon some of the evils of intemperance to the individual who indulges in this vice, to his offspring and to his race.

I beg leave, gentlemen, at once to say that I am not one of those who think that a good cause is ever benefited by exaggeration and by positions unsustained by truth. I would not, therefore, have you to give credence to the ridiculous stories about alcohol being found in the ventricles of the brain, about the spontaneous combustion of drunkards, &c.; nor would I tell you that a moderate and well-regulated use of intoxicating beverages is always injurious, when the most casual observation might falsify the assertion. It is of *intemperance* I wish to speak, and not of *temperance*; and yet I am free to say, that if a man cannot drink without drinking too much, he ought not to drink at all.

There are two forms of intemperance—the one periodical and the other continued. Those addicted to the former will drink profusely for days or weeks, until the stomach rebels and rejects the potations, and they cannot take any more. They will then suffer greatly, mentally and physically, a few days, and gradually get over their “spree,” to resume it again after the lapse of weeks, months, or even years. This is the most inveterate, the most incurable form of intemperance. Indeed, I may say that I look upon such cases as utterly hopeless, for I have never known a single instance of permanent reformation in those addicted to periodical intemperance. The victims of this form are more violent and uncontrollable, more disagreeable and dangerous to society, more subject to delirium tremens, and more liable to permanent insanity, than habitual inebriates.

The continued form of intemperance is that in which the individual habitually takes too much; some will attend to their business during the day more or less efficiently, and yet be surfeited every night—others are sober enough to attend to business only in the forenoon—

and, finally, there are many who can scarcely ever be found entirely sober. I recollect a case in court in which a will was set aside upon the testimony of the neighbors that the maker had not been sober enough in ten years to know what he was about! The will had been executed six or seven years before his death. And yet this man lived seventy-five years, and had been intemperate all his life. I believe it to be a general rule, that the habitually intemperate live longer than those who are only periodically so. But the habitual inebriate is more liable to liver disease, to dropsy and to rheumatism—neither of which affections have I ever known cured under such circumstances. The periodical drunkard is more apt to be carried off by an attack of mania-à-potu, or of some other acute disease. While with most persons intemperance induces more or less of plethora and corpulency, there are some in whom it produces an opposite effect, and we find these pale or sallow, and thin. When it terminates in dropsy, this seems to be in consequence of hypertrophy of the cellular tissue of the liver, by which the portal veins are compressed to such a degree as to impede the free passage of blood, and to cause its undue accumulation in the intestinal canal and its investing membrane. In such cases the vessels may relieve themselves by an abundant secretion from the mucous surface, constituting diarrhoea, or by an exhalation into the peritoneal cavity, so as to produce dropsy. Either of these symptoms may be, in general, regarded as the precursor of early dissolution.

Intemperance deeply affects the nervous system of animal life, as is evinced by the uncertain gait, the tremulous hand, convulsions, and various painful diseases. But the brain, this great seat of intellect and of the moral perceptions, reveals its baneful influence under the forms of mania-à-potu, perverted reason, and moral depravity. Who has not seen instances in which the noblest intellect and the most refined sense of propriety have been thus changed into stupid vagaries and knavish as well as brutal propensities? With reason dethroned and the moral perceptions blunted, the victim drags a miserable existence himself, and embitters that of all who loved and esteemed him!

Let us now look at some of the effects of intemperance upon the offspring and upon the race. I think it susceptible of easy demonstration, that the children of an habitual inebriate will have but little stamina—that is to say, that their powers of resistance to morbid influences will be more or less impaired, and that they will, therefore, be more liable to disease than they would otherwise have been; that

they will often be scrofulous, and occasionally insane, or idiotic. These effects will, moreover, become more and more apparent the longer the parent has been a drunkard; so that if he have a large family during his intemperance, the deterioration of his children will be progressive, and the last may be so puny as never to reach maturity, although the first may be comparatively healthy. Nay, there are some drunkards, whose own constitution being poor, will rear a few children, and then lose in infancy or childhood all those they may subsequently have. Just reflect a little upon the condition of the families in your respective neighborhoods, and I think that each one of you will recall to mind some illustration of the correctness of these propositions.

Well, gentlemen, what is true with regard to the influence of intemperance upon the offspring of the first drunken parent, becomes most painfully so if the offspring himself follow the example of his father and become also a drunken parent. The issue of this second generation of drunkards will, in all probability, be few in number, and their stamina will be so much impaired that it will be with the utmost difficulty that any of them can reach maturity. Let us follow this third generation, and if it perchance also take to the bottle, it will be the last of that family; for I do not hesitate to proclaim it as a *law* of almost universal applicability, that *three successive generations of drunkards will leave no issue!* The third generation may have children, but not one of these will be reared to manhood! This may appear to you a startling announcement; but I believe that you will find it based upon truth. As I have long since entertained these views of the effects of intemperance upon families, I would like to adduce some of the evidence I have collected from personal observation, were it not manifestly improper to lift the veil from the private history of families who have passed away. But we can, without the least impropriety, study the history of families, in connection with that of the race to which they belong, and if you will bear with me a few moments more, I will endeavor to illustrate my proposition by a reference to the sad history of our aboriginal savages.

I need not repeat what you all know—that tribe after tribe of the children of the forest have vanished from before the sun, and still continue to do so with awful rapidity. Why is this so? Is there anything in their physical organization that incapacitates them for the perpetuation of their species, or race, if you prefer the term? Certainly not. Then I again ask the question, Why is it so? In

order to answer this, let us examine the influences that have been brought to bear upon this race in the different portions of our continent, and let us see if they have suffered equally in these several regions.

America has been colonized by two classes of people: in the one we find the Spaniards, the Portuguese, and the French; in the other the British and their American descendants. Now how have the Indians fared under the dominion of these two classes? Under the former they have increased and multiplied, whereas under the latter they have been annihilated! The Spanish, the Portuguese, and the French are temperate people, and the British and Anglo-Americans intemperate; and while the former have propitiated the good-will of the savages, have fraternized with them, have civilized and christianized them, probably as far as their nature will permit; the latter have done neither, but have, on the contrary, introduced among them their own vices and intemperance, and driven them from their hunting grounds to perish like outcasts. Contrast the history of the Indian in Mexico with that of the same race in the United States, or even in Georgia. Towards the close of the last century the population of Mexico was about four millions, of which the pure Indian element constituted about two millions. The population of that Republic is now about seven millions, of whom at least four millions are pure Indians, two millions mixed races, and one million pure castillians. Sixty years ago, one half of the State of Georgia was peopled with savages—and where are they now? With the exception of a small remnant of Cherokees and Creeks, who have been driven across the Mississippi, these mighty tribes have ceased to exist! In South America it is highly probable that the Indian population is fully as great as it ever was, if not greater. Under the French dominion, the Canada Indians prospered as they do in South America; but they have been deteriorating and dwindling away rapidly ever since the British have acquired those provinces.

Look at the influence of the boasted civilization introduced by the drinking races among the Sandwich Islanders! The third generation of drunkards is now living there, and it is estimated that in fifteen or twenty years more there will not be left a solitary representative of that people. The sailor with his bottle has doubtless had more followers than the missionary with his Bible in that unhappy land. Look at the dissolute and drunken habits of our frontier Indians, and you cannot be long in discovering the true reason of their extinction.

The same baneful influence operates upon the free blacks who refuge in the large cities at the North. The climate may, it is account in some degree for the great mortality among them; but temperance is unquestionably their greatest enemy. The philanthropist will look in vain for a solution of these stubborn facts, unless attribute them to intemperance, the most potent destroyer of man.

I hope, gentlemen, that you will pardon the length of the digression into which I have been insensibly led from the case under our consideration. I did not intend to make you a temperance address, but I never see a victim of this awful propensity, without feeling something ought to be done to put a stop to it. I have, therefore, endeavored to direct your attention, in as forcible a manner as I could, under the inspiration of the moment, to some of its pernicious effects. You are destined, I trust, to exert some influence upon the communities in which you may fix your abode. No member of society is more in his power to do good, than the intelligent and moral man. The subject before us affords a noble field for the exercise of enlightened benevolence. Unite your efforts to extirpate this, and it will do to stay the ravages of other diseases. Let us look upon temperance as *a disease*, and treat it as such. Must it not indeed be a veritable mental derangement, that would lead a man irresistibly, as it were, to the destruction of self, of family and of race? I will but call it a species of *insanity*, and the remedy will suggest itself immediately.

That intemperance is a disease, will, I think, be very generally conceded by enlightened physicians. Like other morbid conditions, it may be inherited, or acquired. When derived by inheritance, the patient may not be so much to blame as when it is acquired by intemperance. It nevertheless, in all cases, reveals a morbid condition of the brain, not unlike that which constitutes other forms of insanity. The patient is as irresistibly impelled to drink, as some maniacs are to thieve, notwithstanding all the influences of education and of other incentives to good conduct. Some will say that this is only a depraved appetite, or a want of proper self control; but this does not change the matter. This depraved appetite, or this inability to control one's propensities, is a morbid state—often as much deranged by the patient himself, as by his friends. I have frequently heard these patients, in their lucid intervals, declare most solemnly that they would cheerfully give all they possessed to get rid of this depraved propensity. And I believe that they were sincere.

But how shall we treat such cases? Place them in an asylum as you do those affected with other forms of insanity; and let them undergo such treatment as may be deemed best adapted to the restoration of the brain and nervous system to their proper and normal functions.

I am aware that, under existing circumstances, this cannot be done. We need legislation upon the subject, before we can carry out our views; and I can see no good reason why some men should be sent to the lunatic asylum, and their property be placed in the hands of trustees, until they be relieved of certain forms of insanity, while others equally injurious to society, and unable to manage their affairs, in consequence of intemperance—another species of insanity—are allowed to run at large, squandering their estate, embittering the lives of their family, annoying whole communities, and committing every variety of crime. I verily believe that a majority of the inmates of lunatic asylums would be found less dangerous and less annoying to the communities from which they were sent than any equal number of drunkards.

I think that the Legislature of New York has taken the initiative in chartering a voluntary Asylum for Inebriates. This is a step in the right direction, and may of itself be productive of much good. But inebriates ought to be put upon the same footing as other lunatics. Let a writ of lunacy bring them before a jury—and upon conviction, let them be ordered to the asylum, and their estate be placed in the custody of trustees until their recovery—and I firmly believe that permanent cures may in very many instances be the result.

The sufferers from intemperance are entitled to our sympathy, and we should come to their relief, however loathsome they may be in the sight of the non-professional members of society. Let us not apply to them degrading epithets and treat them like brutes; but on the contrary, extend to them the hand of kindness and the offices of christian charity. It is thus alone that we may obtain their confidence and become useful to them.

The fact being once established by the legislation of the country, that intemperance is a disease, and that it can only be treated successfully in an institution humanely and properly devised for this special purpose, much of the odium that now attaches to this condition, and which might otherwise result from the confinement, will be removed. I believe that such a system would do more good than all our temperance societies. The combined influence of both, however,

would in all probability erase from our national escutcheon one of its foulest blots. If you agree with me, let us unite our endeavors to bring about in our respective communities such a state of public opinion as may result in the legal establishment, in every state, of Asylums for the Inebriate.

The Present State of Medical Science.

[We give place to the following extract from the *New Orleans Med. and Surg. Journal*. It is a timely rebuke to some of the present impostures of quackery in the North, from which the South is comparatively free. It is the conclusion of an able editorial on the present state of medical science, by the editor, Dr. Bennet Dowler.]

The fair face of science is scarred, deformed and blackened at the present time by more numerous and extensive quackeries than were ever before witnessed in all the aberrations of medical humanity.

Passing by homœopathy, hydropathy, and some other systems, the limits of this article will allow of but a slight glance at two charlatanries, namely, spiritualistic and Thompsonian medicine.

A few months ago, one number among the many of the journals devoted to modern spiritualism, was sent to the office of the *New Orleans Medical and Surgical Journal*. This spiritual sheet, beautifully printed at Boston, called the *Banner of Light*, contained the subjoined significant advertisements, which will be reproduced without comment, not only to show Southern readers how spiritualists practise the healing art in the North, but also to record, for the information of remote posterity, these precious documents, illustrative of the therapeutics of the year 1857, should the *New Orleans Medical Journal* happen by any unexpected chance to float down the stream of time a few centuries. Who would not have thanked Hippocrates, Galen, Celsus, or other ancient writer for advertisements illustrative of the quackeries of their times? Centaurs, Egyptian magicians, and the mysteries of the Asclepiades of the remote past, "pale their ineffectual fires" before modern table-turners, clairvoyants, and trance doctors, *anno* 1857.

Before proceeding to the advertisements in one number of the *Banner of Light*, it may be proper to mention that this sheet, with many others, claims that the table-turning spiritualism which it advocates "is believed in by *three millions* of people; that the cause is God's cause; that we have the testimony of tens, yea, hundreds of

thousands in evidence of the presence of those whom we have been taught were 'dead and know not anything.' We've these dead here with us now; they live, speak, clasp our hands in their own, and tell us of their glorious entrance into a beautiful world of life and joy."

"As our circle is open to all spirits, friends in distant cities may make arrangements with their spirit friends to commune with them through our columns if they wish, and thus add a strong test to their faith in spiritual intercourse.

"Spiritualism, rightly interpreted, is the Great Word, or Truth, that was in the beginning with God, was with God, and indeed was God." "Advertisements not exceeding twelve lines, ten dollars quarterly."

The *Banner* gives notices, "with a motive," perhaps, of various meetings, with day and hour for "speaking by entranced mediums"—"trance meetings." It abounds with individual advertisements, of which some of the briefest are the following, which are sometimes abridged, as to street, number, date, hours, fees, etc. They show the medical use of spiritual therapeutics in the North, which the *Southern* mind is either too weak or too wise to adopt in clinical medicine.

"Mrs. J. H. Conant, trance medium for medical examinations ONLY. Examinations \$1 at her rooms, or at the residence of the patient."

"Mrs. W. R. Hayden, Rapping, Writing, Imprinting (letters on the arm) and Clair-sympathetic Medium."

"Dr. W. R. Hayden, Physician and Medical Mesmerist."

"An Asylum for the afflicted, healing by the laying on of hands; moderate terms. Those sending locks of hair to indicate their diseases should enclose one dollar for the examination, with a letter stamp to prepay the postage. Charles Main, Healing Medium."

"Miss M. Munson, Clairvoyant."

"Mrs. R. H. Burt, Writing, Speaking, Trance and Personating Medium."

"James W. Greenwood, Healing Medium. A. C. Styles, M. D., Independent Clairvoyant; exam. and pres. \$3; by lock of hair, if the most prominent symptoms are given, \$2; if not given, \$3, etc. J. V. Mansfield, Medium for answering sealed letters, \$1.

"T. H. Peabody, Healing Medium, cures all diseases, assisted by Mrs. P."

"Mrs. T. H. Peabody, Trance Medium."

"Medical Institute having no sympathy with the legalized Medi-

cal Institution made up of a combination of speculating individuals, having no higher object than money making, etc., I have come to the conclusion that I may, as well as some other individuals, establish myself in an institution alone with my wife and boy to constitute the whole faculty, having cured more of the thousands of cases than any other physician; office connected with a store of Eclectic Botanic, Thompsonian and Patent Medicines. N. H. Dillingham, M. D."

"Mrs. E. B. Danforth, Claro-sympathetic; cleanses the blood, gives circulation, vitalizes, etc., \$1 25; \$1 50; \$2 00.

"George Atkins, Healing and Clairvoyant Medium. By enclosing a lock of hair, the patient will receive an examination written out, with all requisite instructions. Present, \$1; absent, \$3, payable in advance."

Homœopathy, Mesmerism, claro-sympathy, table-turningism, trance-ism, and the like, supremely absurd and conflicting in and among themselves, must fail in their attempts to overthrow or long impede the march of medical science. But a different charlatanry, formidable for numbers, zealous and united in purpose, marching under a pseudo-flag of science, everywhere in this Republic, opposes its treasonable forces against legitimate medicine. Thompsonianism, now disguised under the names of Botanics, Physio-Medicalists, Eclectics, and Reformers, all unite on a common platform against the "Old School," that is to say, against the school of Hippocrates, Bacon, Newton, Harvey, Bichat, Cuvier, Rush, Franklin, not to name other experimental interpreters of the laws of Nature.

Neither the Prophet nor his twenty dollar patent-Koran (a very thin book) are now much referred to by his ungrateful successors. Some of the latter ignore both, affecting learning, journalism, and colleges; they say nothing of selling patent rights to practice in a special district, nor of the oath of secrecy, but grant, in vast numbers, the highest medical degrees known in the profession.

It was proved on the trial of their founder, Samuel Thompson, for the wilful murder of Ezra Lovett, that the medicines which the accused gave to his patients were, by him, called "bull-dog, ram-cat, screw anger, belly-my-seize," etc. In one of his illiterate publications, Thompson says, "It is impossible that one of the learned professions can be a republican, as it is for ice to produce heat; they are as complete an aristocracy as exists in any part of the world." He terms the regular doctors "Anti-Christ," "The Beast," etc., and says, "I have the most certain evidence to believe that the time is coming and

now is, when God will utterly supplant, root out, and destroy from the face of the earth, all Doctorcraft, Priestcraft, and Lawyercraft." Wholly illiterate himself, he despised learning, particularly in a physician. Grammar was a general subject of ridicule with him and his followers. His fundamental dogmas, as announced in his book or patent right, are the following:

"Fever is a friend. No one ever died of a fever. Cold is the cause of disease. Cold is death. Nature is heat. The stomach and bowels are affected with canker in all cases of disease. Saltpetre is the worst of any poison. If a medicine be agreeable in one case, it must be absolutely so in all. All fevers, etc., can be cured in twenty-four or forty-eight hours to the extent; often sooner. All constitutions are alike. In all cases I give No. 1, to raise as great an internal heat as I can." (Pp. 12, 11, 32, 8, 28, 14, 15, 10, 31.) He cured a woman of dropsy by boiling down all the water in her belly. Steam, lobelia, alcohol, and red pepper were his chief remedies.

Such was the founder, the Hippocrates, the father of the modern medical sects or self-called Reformers.

Religious enthusiasm was too often prostituted to their cause in this crusade against science. The very men who read in the Holy Scriptures that the SAVIOUR cured fevers, commanding them to depart from the sick, preached the fundamental doctrine of Thompson, that "fever is a friend." They read or might have read that the learned Apostle Paul considered fever as an enemy: "And it came to pass, that the father of Publius lay sick of a fever, and of a bloody flux, to whom Paul entered in, etc., and healed him; others also, which had diseases in the island, were healed," etc. (Acts, xxviii, 8, 9.)

Let not the self-styled Reformers "forget the pit whence they were digged." They, as did their prototype, condemn as poisonous all medicines prepared from metals or minerals, which, from their ponderosity or other quality, weighed down the patient to the grave, while the up-growing vegetable or herb medicines operated in the contrary direction, causing the patient to grow upward or get better! Nevertheless, the most violent poisons are the vegetable.

The Eclectics (*of the United States*) claim for themselves the exclusive ability, the paramount prerogative, the superior qualification for selecting and proclaiming the infallible truth, and damning the regularly educated physicians of the "old school" of legitimate medicine. These Eclectics must not be confounded with the ancient philosophers, Archigenes and his cotemporaries, who, instead of dog-

matizing, professed to select from other philosophical systems whatever appeared most conformable to reason and truth, which is virtually professed by all, but is practised successfully only by men of superior education, judgment and ability. There is not a fetish negro medicine-man in Congo, nor a juggling Indian medicine-man in America, who does not assume this pretended superiority of choosing or selecting the infallible truth, thereby claiming to be an Eclectic. To choose is easy, but to choose rightly is not so easy as sciolists imagine.

Let the self-styled reformers illumine the Temple of Medicine by the light of a truer philosophy, by a superior knowledge of the medical, physical, chemical, natural history, and collateral sciences; let them acquire these to a greater extent than can be found in the existing "old school," and then their consolations derived from the number of their adherents among the people, and from the legislators who charter Thompsonian-Steam-Botanic-Physio-Eclectic Colleges, will have been founded on a conscientious, useful, and real reformation, thereby inaugurating an epoch in medical history. As yet, this unscientific aggregation of practitioners have produced no truly original work, nor any discovery of importance. Indigenous medical botany, their favorite field of research, is a rich one, in which they have gained something to the cause of medicine from their extensive experiments; nevertheless, the fundamental dogma of Thompson, that every district of country contains the herbs necessary to cure its diseases, is as unfounded as is his utter rejection of minerals as poisonous. Dr. Dunglison, in his dictionary, defines Thompsonianism by this latter dogma, which he justly calls a "fanciful doctrine, that metals and minerals are in the earth, and, being extracted from the depths of the earth, have a tendency to carry all down into the earth who use them, while the tendency of all vegetables is to spring up from the earth, and therefore uphold mankind from the grave."

These views find a parallelism in those enumerated but severely criticised by Theophrastus, the first scientific botanist among the ancients, who says in his work on Plants, written nearly three centuries before the Christian era, that the quacks and drug-sellers of his day "direct us to gather some plants standing from the wind, and with our bodies annointed; some by night, some by day. They go further. They draw a sword three times round the madgragora, and cut looking to the west, and dance round it; use obscene language as those who sow cumin should utter blasphemies; draw a line round black hellebore,

standing to the east, praying to avoid an eagle either to the right or the left, for they say, 'if an eagle be near, the cutter will die in a year.'"

Foreigners wonder what Thompsonianism in America is. They cannot get the fundamental idea of its true character from the medical dictionaries of Dunglison & Harris; Dr. Hays' account in Hoblyn's dictionary is a trifle better, though it fails in the most fundamental parts, while the Eclectic (Thompsonian?) Cleaveland, of Cincinnati, in his (Phonographic) Lexicon, ignores it altogether. Hence it may not be improper to add a few words additional to what has been already given, in order that the rising generation may the more fully know the enemy they must encounter from this, the greatest, most dangerous, and the most persistent schism (now somewhat cunningly disguised) which true medical science has suffered in America, and which had its origin in this wise: Thompson says that when he "was 20 years old, his advantages of education having been small, he gave an herb, through sport, to a man who was mowing grass with him. The man chewed a sprig of it, and recommenced his labor, but soon stopped and said, 'you have poisoned me.' He sweat, staggered, imagined he was dying, trembled, had no more color of life than a corpse, threw himself on the ground; but we helped him to a neighboring spring and gave him water to drink, when he vomited most profusely. It was this," says T., "which gave me the first strong impression of the value of the emetic weed" (lobelia.) He quit mowing, with a motive, and from this limited stock of experimental medical philosophy, commenced the practice of medicine under a patent from the National Government, and soon formed the only completely united medical organization on large scale (including a million of adherents) ever formed in the United States, not excepting the American Medical Association.

Soon after the above-mentioned "sport" in the meadow, Thompson quit mowing grass, but was prosecuted for mowing down men, although, for want of evidence of malice prepense, he was frequently acquitted with little difficulty. In the case of the Commonwealth of Massachusetts against Samuel Thompson for the wilful murder of Ezra Lovett, (6th vol. Tyng's Reports,) "it appears that Thompson came into Beverly where Lovett lived, announced himself as a physician, and professed an ability to cure all fevers, whether black, gray, green or yellow. He (T.) came and ordered a large fire to be kindled to heat the room. He then placed the feet of the deceased,

with his shoes off, on a stove of coals, and wrapped him in a thick blanket, covering his head." "The Chief Justice Parsons, in his charge to the jury in this case, observed, that the deceased lost his life by the unskillful treatment of the prisoner (Thompson) did not seem to admit of any reasonable doubt. Before the Monday evening preceding the death of Lovett, he had, by profuse sweats, and by often repeated doses of the emetic powder, (lobelia,) been reduced very low. In this state, on that evening, other doses of the Indian tobacco were administered. When the second portion did not operate, probably because the tone of the stomach was destroyed, the repetition of them, that they might operate as a cathartic, was followed by convulsion, fits, loss of reason, and death. It is exceedingly to be lamented that people are so easily persuaded to put confidence in these itinerant quacks, and to trust their lives to strangers without knowledge or experience. If this astonishing infatuation should continue, and men are found to yield to the impudent pretensions of ignorant empiricism, there seems to be no adequate remedy by a criminal prosecution."

In his *Guide to Health*, Samuel Thompson gives the following as the form of the contract between himself and the purchasers of his twenty dollar patent to cure all diseases with one remedy: "The subscriber and purchasers agree in the spirit of mutual interest and honor not to reveal any part of said information to any person, except those who purchase the Right, to the injury of the proprietor, under the penalty of forfeiting their word and honor, and all right to the use of the medicine.—S. T."

The third article of the Thompsonian Botanic Society reads thus: "No member of said society practising out of his own family, shall let blood as is common with physicians in cases of sickness." (*System Physic*, p. 44; by S. Thompson. Boston, 1825.) "The absurdity of bleeding * * * It is the same method to cure a sick man as to kill a wild beast. There are but two great principles in the constitution of things; the principle of life, and the principle of death." (*Prac.* by S. Thompson, 4th ed., p. 103. Columbus, O.: 1827.)

Chloroform Liniment in Burns.

M. Bargiacchi states that he has found the extreme suffering produced in bad burns completely relieved by means of a liniment composed of chloroform and cod liver oil.—*Bull. de Thérap.*, and *Med. Times and Gaz.*

**Adhesive Plaster the best Counter-extending Means
in Fractures of the Thigh.**

By D. GRANT, M.D., Professor of Midwifery in the Medical Department of
Pennsylvania College.

Since the publication of my first case of severely complicated fracture of the thigh, (*Am. Journ.*, Jan., 1851,) in which adhesive plaster was so successfully used in keeping up extension and counter-extension, I have had numerous opportunities of testing its value and confirming the good opinion then formed of it. In every case the necessary tension, however great the muscular resistance to be overcome, was kept up without abrasion of the surface, or pain as the result of pressure. In the cases of adults, or even younger persons, who could appreciate the importance of quietude in the treatment, these perineal bands seldom required renewal during the entire period of confinement. Adhesive plaster, when well applied to the surface, becomes united with the skin, so as to form a composite body; consequently friction and pressure are transferred to the areolar, adipose and other tissues beneath. These are characterized by histological and physiological endowments which fit them, in a peculiar manner, for the toleration of pressure and motion without pain or anatomical disturbance or lesion. The skin is thus protected, and, consequently, abrasion, excoriation, or ulceration, either or all of which are the usual products of pressure and friction upon its surface, when the ordinary perineal bandages are used, do not occur. The adhesive bands, moreover, act upon a surface much more extensive than that of their mere attachment, through the elasticity of the skin, and thus contribute still more to its protection in protracted extension and counter-extension. All who have treated fractures of the lower extremities must admit that freedom from suffering at the seat of counter-extension is a great desideratum; this being secured, another, equally important, viz., continued quietude of the fracture after reduction and the adjustment of the retentive apparatus, is also attained.

The following cases, which are extraordinary in their character, have been selected for publication at this time, in order that the attention of the profession may be more fully directed to the subject, and to demonstrate the great value of the plan in cases of extreme difficulty.

CASE I.—C. Youngandrews, of N. 9th Street, aged eleven years, fell on the street and fractured his thigh obliquely, above its central point, June 12th, 1852. D. M. Fort, M.D., of Vine Street, became,

at my request, associated with me in the case, both having been sent for simultaneously. The splint and apparatus described in my former communication, including adhesive extending and counter-extending bands, were applied. No pain, except at the seat of fracture, was complained of. In four and a half weeks the splint was permanently removed, complete union having taken place. During this period the anterior or upper counter-extending adhesive strip only required renewal. The cure in this case was not only accomplished in an unusually short period, which is mainly attributable, in my opinion, to the perfect quiescence secured by this method, but it is the more remarkable since this boy was slightly *non compos*, and, ordinarily, very difficult to control by his parents.

CASE II.—Dr. Fort was so well pleased with the method by adhesive plaster, that he used it in the following case, which he has kindly furnished to me:

A twin daughter, aged eighteen months, of Mr. D. Steinmetz, of this city, fell out of bed, May 29th, 1853, and fractured her right thigh near the trochanter. The fracture was reduced, and retentive apparatus, precisely as in the case of Youngandrews, was applied. In *thirty* days the cure was complete. The anterior counter-extending strip required renewal once during the treatment.

CASE III.—The late Dr. N. C. Nancrede, of this city, requested me to meet him in consultation, June 9th, 1853, at the residence of Mr. A. Sieberlich, in Spruce Street. The infant son of Mr. S., aged *seven months and a half*, had fallen out of bed and fractured his thigh about its middle. The fracture was evident from the deformity and shortening. The following retentive apparatus was prepared. One light splint, about one and a half inch wide, to be applied from the crista of the ilium to a little below the knee; three short splints of the same width, for the anterior, posterior and inner aspects of the thigh; and numerous adhesive strips, eighteen inches long and one and a half inch wide. The splints were padded with wadding on the one side, so as to adapt them to the contour of the thigh. Adhesive strips were used, instead of the ordinary roller, in supporting the wadding upon the splints. Reduction of the fracture having been effected, the long splint was applied to the outer surface of the thigh, and fixed there by its covering of adhesive plaster, and adhesive bands applied to the knee and distal extremity, so as to maintain extension; whilst other bands were applied to the inside of the thigh, perineum, groin and proximal extremity of the splint, to secure counter-extension.

The short splints were then applied and secured in place by adhesive strips instead of the ordinary roller. Thus, all the splints were held securely in their places by the adhesive plasters which composed their covering, as well as by the strips which encircled them and the thigh, and thus extension, counter-extension and coaptation were fully maintained. The motion of the hip and knee-joints was free, and the child was comparatively free from pain, immediately after this retentive apparatus was applied. The patient was not only carried about the house, but taken to the family summer residence in the country, and brought to town once a week for our inspection and the readjustment of the dressings, which were more or less displaced by the incessant movements peculiar to infancy. In four weeks from their first application the retentive means were removed, union having taken place without deformity or shortening.

CASE IV.—I was summoned in great haste, May 2d, 1854, to Wm. Henry, aged nearly five years, son of T. N. Triall, residing in Noble above 9th St., who had just been run over by several coal cars on the Willow Street railroad in the vicinity. The accounts of the manner in which the accident occurred were very unsatisfactory, none but children having witnessed its occurrence. There was no evidence of the passage of car-wheels over any part of the body or the extremities. I found, upon examination, that the left thigh above its middle, the tibiae and fibulae of both legs, and both bones of the right forearm were fractured. There were numerous contusions on the body and extremities, and the fractured ends of the bones had lacerated the soft parts in their vicinity extensively, although the fractures were all simple. The usual splints, compresses, adhesive bands and rollers were applied. On inquiry I learned that H. Deitrich, M.D., of 10th St., was the family physician, who, at my request, was sent for and became associated with me in the case. The splints which were hastily provided for the first dressing, after a few days were removed, and Dr. Gibson's modification of Hagedorn's splint was substituted; which, with the adhesive bands for extension and counter-extension, answered the indications in this case more fully than the ordinary splint, especially in restraining more fully the movements of the lower extremities. Our patient was totally unwilling to be confined, and made constant persevering efforts to disengage himself, which gave us a great deal of trouble in maintaining the proper adjustment of the retentive apparatus. Febrile reaction supervened on the second day of an active character, accompanied by delirium, which increased our

already existing difficulties very greatly. By appropriate constitutional treatment and perseverance in the plan adopted to procure reunion of the fractured bones, this case, so unpromising in all its aspects in the commencement, was conducted to a happy termination at the close of two months, precisely, from the date of the accident, viz., July 2d. The splints and bandages were removed on that day, and, to my utter surprise, I saw our patient in the street with his playmates on the tenth of the same month. There is neither shortening nor deformity.

CASE V.—I was requested by B. Price, M.D., of N. 9th Street, to meet him in consultation September 12th, 1855, at 20th and Spring Garden Streets, in the case of a little girl, aged five years, the daughter of Mr. T. Kane. We found the left thigh-bone badly fractured in its upper third, by the passage over it of a heavy earth-cart. The soft parts were seriously contused, and the deformity and shortening were remarkable. We provided a splint, about $2\frac{1}{2}$ inches wide, reaching from above the crista of the ilium to several inches below the sole of the foot. This was padded with cotton, so as to adapt it to the surface upon which it was to be applied. Bands of adhesive plaster were used for extension and counter-extension, as well as to all intervening parts except the seat of fracture, instead of the ordinary roller. After the adjustment of these retentive means, the child declared itself free from pain, except at the immediate seat of injury, and was moved from room to room without seriously deranging the dressings or interfering with the fracture. This child recovered, without deformity, in six weeks, although placed in most unfavorable circumstances as regarded ordinary attention—the father being constantly under the influence of liquor, and the mother having all the cares of the family resting upon her, without any one to aid her.

The following cases show the value of adhesive plaster as a means of extension and counter-extension in fractures of the leg:

CASE VI.—Michael Gillis, drayman, æt. 40 years, had compound fracture of both bones of the right leg, caused by a kick of his horse on the 15th of December, 1852. Dr. Fort, of Vine Street, was called, and requested my attendance in consultation. We found the tibia comminuted. A fragment measuring about one and a half inch in length, and comprising more than half of the diameter of the bone, (tibia,) was detached and required removal. The wound was large and ragged, owing to the fact that the horse had just been rough shod. Gillis being a robust man, of large muscular development,

very considerable extending and counter-extending force was necessary in effecting reduction. A modification of Hutchinson's splint, adapted to compound fractures of the leg, which I had used successfully on a previous case, was applied. For counter-extension four bands of adhesive plaster, about eighteen inches long by two inches wide, were used. These were applied spirally, so as to cross each other—the two anterior below the tubercle of the tibia, the two posterior at a point opposite; and as each one of these, in its spiral course, became lateral, in passing from below upwards, and from above down, they cross each other again directly opposite the joint, internally and externally, after which the balance, or the free proximal extremities, were passed through the holes in the upper end of the splint and securely tied.

The bands used in extension were applied in the usual way, laterally and extending below the foot in the form of a short loop. This received the strap of the tourniquet, the framework of which rested upon a cross-piece attached to the distal extremities of the splints, and thus, by means of the tourniquet, as in fractures of the thigh, extension and counter-extension were kept up. In this apparatus no support was provided for the posterior surface of the leg, except that afforded by the straw mattress upon which he was laid, which was unsteady. To remedy this defect, Dr. Fort suggested the use of the common fracture-box, altered so as to admit of extension by the tourniquet resting upon a cross-bar below the foot, and counter-extension by passing the adhesive bands through the holes in the upper part of the sides of the fracture-box. To accomplish this the sides of the fracture-box were composed of three separate pieces each. The upper and lower on each side were firmly screwed to the bottom board, whilst the middle pieces only were attached by hinges. Thus, as extension and counter-extension were being kept up, the central segment of either side of the apparatus could be let fall away from the leg, and the wound exposed by opening the many-tailed bandage, whenever this became necessary.

The fracture-box was removed at the end of the ninth week, without shortening or deformity. There was no pain complained of at the seats of extension and counter-extension during the entire treatment.

CASE VII.—I was summoned in great haste to Mr. B. F. Dutton, on the 16th of March, 1853, who had fallen from the fifth story of Messrs. Hall & Boardman's factory, in Arch Street, below Third, through the hatchway to the first floor, a distance of about fifty feet. Mr. D. is a large man, weighing about 200 lbs. He very imprudent-

ly tried the strength of a board, which was laid across the opening in the floor of the fifth story, by standing upon it. The board broke, and he fell. The force of the fall was received by his feet, they continuing to be the most dependent parts. The concussion was very profound, so that at first it was supposed he was dead. When I arrived reaction was gradually taking place. On a careful examination, I found fracture of both bones of both legs near the ankle-joints. The fractures were oblique and irregular. In the right leg I had reason to believe that the lower fragment of the tibia was split longitudinally into two pieces. The malleoli were distorted in both legs, and, no doubt, the ligaments of the ankle-joints were extensively lacerated. There were severe contusions over the course of the spinal column, which were, doubtless, caused by striking against the floor as the body passed through the hatches. After sufficient reaction was established, he was conveyed on a settee, by his friends, to his residence in N. Twelfth Street, above Poplar.

Assisted by Dr. Royer, of Schuylkill County, who happened to be near the place where the accident occurred, temporary bandaging, so as to support the parts after their reduction, was applied, and cold-water dressing enjoined. An anodyne was given. Finding next day, when reaction became somewhat excessive, that the muscular contractions could not be controlled in this way, and that there was danger of serious displacement, adhesive plasters were applied in the usual manner, except that those by which extension was made had to be confined in their attachments to the feet alone. By means of these and the many-tailed bandage the coaptated fragments were kept in place until it was deemed safe to use the immovable dressing, which, when applied several days after, answered a very good purpose in conjunction with the plan already adopted. On the *forty-fourth day* after the accident all retentive means were permanently removed. Mr. Dutton now has full use of his ankle-joints, not even using a cane in walking.

COMMUNICATIONS.

[Letter from Dr. Skilton, Jr., of Troy.]

To the AMERICAN MEDICAL GAZETTE:

January 30th, 1858.

MR. EDITOR,—I delivered a woman of a child a few days since, which gasped for $\frac{3}{4}$ of an hour, when the heart, which was pulsating feebly on the right side, ceased to beat. A post mortem examination

of the child revealed the presence of a Hernia of the Diaphragm upon its left side, through which had protruded a portion of the left lobe of the liver, enlarged, together with the stomach and the smaller intestines, all occupying the entire left thoracic cavity. The abdominal cavity was occupied by the remaining portion of the liver, and the colon, the sigmoid flexure of which was "in situ."

The mediastinum was wanting, having probably been absorbed from pressure. The right thoracic cavity was occupied by the heart and the right and left lungs, one lying anterior and the other posterior to the heart. The inflation of the lungs and the consequent pressure of the misplaced organs into their normal position was prevented by the button-like shape of the protruding portion of the liver, the diameter of which was many times greater than that of the opening through the diaphragm.

J. A. S.

Rensselaer County.

OUR PHILADELPHIA CORRESPONDENT.

No. 7.

Colleges—Graduates—Theses—Family Medicines, &c.

"As my heart was warm, I thought I'd better
Trust to my feelings, and write you a letter;
Such an attempt required an inspiration
Of a peculiar sort—a consummation."

DEAR GAZETTE,—We have arrived at the penultimate period of our college play. The accent of the measure line now falls upon the examinations. During the last two weeks the candidates have been finishing their dissections, (to comply with the regulations,) putting in, and paying up for their theses and examinations, going through close and severe private cramming in order to meet the final requisition of the "green box." The lectures, public and private, have been closely attended, and those study now who never did before, while those who have studied now labor more. The "green box fever" rages during the months of February and March. The timid, honest student is pale and languid with study and anxiety; the more stern and labor loving are serious and watchful. Each whisper of those who have gone through the great ordeal is listened to with anxiety and attention; the questions of each Professor carefully noted; the points, policy, and even politics of the masters are learned by rote, so that each trembling aspirant for the parchment may be armed at "all points" for the fiery ordeal.

Some perturbed spirits speak of pistols and suicide in the event of failure. Gentle GAZETTE, you well know, for you have felt them, the many trembling interests which hang in the scale on this momentous occasion. How many loving and anxious hearts *at home* await the news from the college. The hearts of sisters, mothers, friends, and future wives are beating in unison with that of the young and hoping candidates.

A few over four hundred students have attended the old school this winter, and a fraction over five hundred have listened to the lectures of the "Jeff." About two hundred candidates for the diploma are up for examination in the latter.

One thing we continue to regret in their matters; it is the fact that there is no inducement for the young student to write a respectable thesis. He may not be even examined on it or its subject. It is *not published*. The good old rule of printing the thesis is done away with, and we remember well (having written the greater part of our thesis in Latin,) conversing with the Dean of this same old school, and his discouraging us from the act. "English was good enough," and the production would not be published. It never was published, although much labor and toil were expended on it. What an amount of original matter might annually be brought out by adopting the old plan. There were, during the last thirteen years of the life of Dr. Rush, more original observations made by his pupils than have been thus made in all the period since that time.

Our Professors wield a powerful and dangerous influence on the rising generation of the medical mind. Young men's whole after-lives are affected for good or for evil by the opinions and advice of their public preceptors. "When I was a student," is a phrase which one hears from the oldest and grayest of our savans—and "when I was a student," means when things were perfect, and my mind received the great impulse of my life, under which I am now, and will, during life act and think.

The weather this winter is an anomaly. Flowers in bloom have been sold in our streets all winter until about the 15th of February; and no ice has been made until that period, fit for use. The health of our city is and has been remarkably good, not only during the winter, but during the past year. Our oldest and most extensive practitioners are idle, and were it not for the hospitals and public clinics, where the poor and destitute congregate, there would appear to be very little sickness in our city. Almost no cases this winter of the eruptive diseases which usually prevail in the winter season.

The great monetary crisis still presses heavily on all classes. The medical man, in the loss of his fees, feels it quite as much as any one; and is called upon, besides, to assist in relieving the poor, both in sickness and health, with the same nonchalance as if he were a professed merchant or business man. Our Board of Health affairs have not yet been straightened out. The committee of Councils recommend a criminal prosecution of the whole party. Our professional brethren who enjoy the unenviable notoriety of being charged with being *participes criminis* in these nefarious transactions, will now have an opportunity of clearing themselves, if innocent, and of receiving their *just* deserts if guilty. Some of these *gentlemen*, as is usual, are loud bawlers for the *Ethics*, and are much occupied with purifying the profession from *quacks* and *quackery*!

We observe that one of our apothecaries (a connection of one of the Professors) is taking up the sale of "McClintock's Family Medicines." He says that there is a demand for them, and that he intends to take advantage of it; but that McClintock or his family have no connection whatever with the business. So it seems that it may be made profitable to somebody. Queer affair, this quack medicine business. This procedure, it is to be supposed, is all right in trade.

Yours truly,

SENECA.

[The following original and valuable article was received too late for insertion under the appropriate head.—Ed.]

On the Radical Cure of Reducible Hernia, by Seton introduced along the Inguinal Canal—with Cases.

By J. M. CARNOCHAN, Professor of Surgery in the New York Medical College, Surgeon-in-chief to the State Hospital, &c., &c.

About a year ago Dr. Riggs, of this city, presented an instrument to me, constructed for the purpose of introducing a seton or tent along the inguinal canal: this instrument, shaped somewhat like the trocar, used for tapping the bladder through the rectum, was composed of a hollow tube of silver, having its anterior extremity made slightly bulbous; along the hollow tube was a sliding stylet, with a ring at one extremity to serve for a handle, while at the other extremity was placed an eye large enough to receive the ordinary sized seton. The instrument seemed well adapted for the purpose, and was used by me in the treatment of hernia, by this method, in the following cases.

The frequency of hernia and its inconveniences and dangers, have engaged the attention of several eminent surgeons during the present century; and more recently we find the names of Gerdy, Bonnet, (of Lyons,) Belmas, Guerin, Jobert, and Würtzer associated with operative procedures, projected for the purpose of effecting a radical cure of hernia. Each of the plans proposed by these eminent authorities have been put into practice, but none of them have been attended with success sufficient to obtain a general sanction or adoption. Würtzer's operation, perhaps the best of these different procedures, and for a time considerable in vogue in Germany, has fallen almost into disuse, partly owing to the dangers attendant upon it, and partly owing to its failure in effecting the object it is intended to accomplish. I have had frequent opportunities of trying the operation of Gerdy as well as that of Würtzer, but generally without a satisfactory result.

The introduction of a seton or tent into the inguinal canal, for the purpose of creating irritation and effusion of plastic material along its course, appeared to me to be worthy of trial, and the results of six cases are given below, as taken from the hospital books.

The operation resorted to is performed as follows: The patient lying down, with the buttocks slightly elevated on the side to be operated upon; the surgeon places the left index finger on the anterior portion of the scrotum, about two and a half inches below its origin, pushes back the scrotum and hernial sac from below, upwards, through the external abdominal ring along the inguinal canal as far as a point opposite the internal abdominal ring, leaving behind the spermatic cord; the hernial needle, guided by the finger, is now pushed upwards, in the same direction, to the bottom of the cul-de-sac thus formed; the handle of the instrument is then slightly depressed, and the point of the stylet is brought out in front so as to traverse at the same time the scrotum, thus pushing back the anterior wall of the canal and the skin of the abdominal parietes; as soon as the eye of the stylet is seen outside, it is threaded with strong ligature, which is knotted so as to form a loop from four to six inches in length; a seton about the size of the ordinary skein of silk, imbued with the tincture of iodine, is doubled round the loop, and is thus engaged. The stylet is now drawn backwards into the canula. The instrument is now withdrawn, carrying with it the loop of ligature downwards along the inguinal canal, and through the external inguinal ring; the loop of ligature is now detached from the eye of the needle, and by it the

seton is pulled downwards, in the same direction, into and along the inguinal canal and hernial sac.

Case No. 1.—Aloys Lechner, a native of Germany, 47 years of age, was admitted into the State Emigrant's Hospital, April 1st, 1857, for an inguinal hernia on the right side, about the size of a hen's egg, which had recently passed down the inguinal canal into the scrotum. It had attracted his attention about one year previous to this date. On May 2nd, Prof. Carnochan performed an operation for the radical cure of hernia, by introducing a seton or tent into the inguinal canal. At the end of 48 hours the seton was withdrawn, and a light truss applied. For about one week, a few drops of water passed each day from the wound; the patient felt no pain whatever during this time. He remained in the recumbent posture four weeks; at the end of this time it was found that the upper part of the canal was entirely closed. A few days after leaving his bed, he laid aside the truss and walked about, stating that he had no further use for any such instrument. No hernia returned.

In the latter part of July he complained of pain in the region of the stomach and abdomen; he was transferred to the medical department, where he died on the 9th day of September, of tuberculosis of the lungs.

A post mortem examination was held. Upon opening the cavity of the perineum, no orifice to the hernial sac could be seen; the internal ring was entirely closed; a small rounded body of a yellowish color was found closing the ring, and situated on the outer side of the perineum, just below the situation of the internal ring. This may have been the remains of the hernial sac. The upper portion of the inguinal canal, for about an inch, was closed by plastic exudation, which had become organized and somewhat fibrous in appearance. The lower part of the inguinal canal and the external inguinal ring was natural; the cord appeared to be imbedded in a plastic formation. No hernial sac was visible; it is probable that it was pushed up into the cavity of the abdomen during the operation, as the hernia was of recent occurrence.

Case No. 2.—Henry Scholz, a native of Germany, 16 years of age, was admitted into the hospital, July 17th, 1857, for an inguinal hernia on the right side, of two years' standing; it was not very large, but extended along the whole course of the canal, and descended into the scrotum; the finger was easily passed into the external abdominal ring. On the 1st of August, a seton, about $4\frac{1}{2}$ inches in length,

containing ten double threads of silk, was introduced along the inguinal canal. At the end of 48 hours it was removed. August 7th, the wound had closed; but very little lymph was effused. He remained in bed for about four weeks; when allowed to get up he wore a weak truss for about a fortnight; after this, the truss was dispensed with, and in ten days left the hospital, much improved, with a small hernial projection opposite the internal abdominal ring.

Case No. 3.—Justinus Herbel, a German, 26 years of age, was admitted into the hospital, Sept. 30th, 1857, with a hernia on the left side descending into the scrotum, and as large as a turkey's egg; the external inguinal ring was very large. A seton was introduced November 11th, 1857, and was removed on the second day; the subsequent effusion of lymph was very large, and extending along the whole length of the inguinal canal. He was kept four weeks in bed; gentle pressure, by means of a pad and bandage, was applied over the inguinal canal; after this, he was allowed to get up and walk about, wearing a weak truss for about six weeks. The truss was then dispensed with. At the end of three weeks he was discharged from the hospital, cured, without any appearance of hernia.

Case No. 4.—Christian Luden, a native of Switzerland, aged 40 years, was admitted into the hospital, October 15th, 1857, with a double inguinal hernia of three years' standing. On the left side the external inguinal ring was large, measuring an inch and a quarter in diameter. The hernia on this side was as large as a hen's egg; the inguinal ring is also very large on the right side; the hernia on this side is as large as a man's fist.

The operation was performed November 20th, 1857, by introducing a seton of silk imbued with the tincture of iodine; this was removed 48 hours after; the exudation of lymph was not large. The same operation upon the right side was performed on the 23rd of January, 1858, using an elongated piece of compressed sponge, imbued with the tincture of lyttæ, instead of the silk. The sponge was removed on the second day. A considerable discharge of pus followed the removal of the seton in each instance, and continued for about ten days. The effusion of lymph along the canal of the left side was considerable. This was also the case on the opposite side. A slight pressure was maintained upon the inguinal canal after the removal of each seton. At this date, (February 13th,) he is still under treatment, and keeps the recumbent posture; when made to walk about the ward for examination, the hernia does not reappear; the inguinal canals on either side appear to be blocked

Case No. 5.—John Carsten, a native of Switzerland, aged 48 years, was admitted into the hospital, August 23rd, 1857. This patient is subject to frequent attacks of violent laryngismus and spasm of the diaphragm. He has had a large scrotal hernia during the last fifteen years on the right side, as large as two fists placed together; the external inguinal ring was very large. A seton of compressed sponge was introduced along the inguinal canal on the 23rd of January, 1858, which was removed on the second day after; but little supuration followed; the effusion of lymph along the cord was considerable; the usual pressure along the inguinal canal was applied during the last three weeks.

Since the operation he has had frequent attacks of laryngismus, which have always thrown the abdominal muscles into violent action; from this cause the hernia had reappeared in the canal, but does not descend into the scrotum. Before the operation this hernia could not be kept up with any form of bandage or truss, although reducible.

He is still under treatment, and keeps the recumbent posture.

Case No. 6.—George Schaffer, a German, 58 years of age, was admitted into the hospital, December 17th, 1857. This patient has had a scrotal hernia on the right side for more than twenty years; he has worn a truss, but it was impossible to keep back the hernia on account of its size, (the tumor is about as large as a fetal head,) and when reduced the external inguinal ring was found to be about an inch and a half in diameter. On the 30th of January a seton of silk, imbued with the tincture of iodine, was introduced along the inguinal canal; on the second day the seton was removed; a slight discharge of pus continued for two days after the operation; the effusion of lymph around the cord was considerable. At this date, February 14th, (two weeks after the operation,) the patient is still under treatment, keeping the horizontal position, and having slight pressure, with a pad, applied over the inguinal canal; while standing or walking the hernia does not reappear.

BOOK NOTICES.

Physicians' HAND-BOOK OF PRACTICE, AND MEMORANDA FOR 1858. By Wm. Eber, M.D., and Levi Reuben, M.D. New York: Stringer & Townsend. 1858. Second Edition.

This is another form of Physicians' Diary, and on the plan of Lindsay & Bakistoun, and of Professor Powell, of Atlanta, Geo., combining both in the same volume, being a modification of both. This edition is certainly an improvement on the first, and is very neatly gotten up.

A MANUAL OF MEDICAL DIAGNOSIS, being an Analysis of the Signs and Symptoms of Disease. By A. W. Barclay, M.D., &c., of St. George's Hospital, London. Philadelphia: Blanchard & Lea. 1858.

This is an original work, for the early republication of which in America we are indebted to the publishing house of Blanchard & Lea, to whom the profession owe so much in this regard. Especially do they deserve commendation, for not saddling an outsider in the shape of an American editor, to prefix his name, with a Philadelphia preface, to this new work. The everlasting Dr. O. has not become annotator, with his familiar initials in brackets, possibly because the topic of the volume is not one of his specialties, though it is not his wont always to be silent when he has nothing to say, since he so often writes on subjects of which he knows nothing.

Dr. Barclay's book is a timely and greatly needed contribution to our professional literature, and, since the works of Latham and Marshall Hall, we have seen nothing to compare with this on the subject of Diagnosis. It is ably written, abounds in practical instruction, and will be eagerly read by all in the profession who seek to excel in the highest accomplishment of our art.

ESSAYS ON THE SECRETORY AND THE EXCITO-SECRETORY SYSTEM OF NERVES, in their relation to Physiology and Pathology. By Henry Fraser Campbell, A.M., M.D., one of the Vice Presidents of the American Medical Association, and Professor of Special and Comparative Anatomy in the Medical College of Georgia, [Augusta]—with illustrations.

J. B. Lippincott & Co., of Philadelphia, have recently issued a neat octavo volume under this title, comprising the four several essays of Prof. Campbell, contributed to the American Medical Association. It will be sought after by all who would familiarize themselves with a topic which has become one of much interest to the profession, at home and abroad.

THE NORTH AMERICAN MEDICO-CHIRURGICAL REVIEW, for January, 1858, is out in an improved form, with a new title-page, adorned with a figure-head of Dr. Rush, most inappropriately prefixed to a Journal which has ignored his teachings, and inculcates doctrines utterly antipodal to those insisted upon by that medical philosopher and his disciples. Still, however, this first No. of a new volume is a decided improvement on its predecessors, alike in the quantity and quality of its contents. J. B. Lippincott & Co., of Philadelphia, are the publishers.

A new feature is inaugurated in this number, by a Report on the Progress of Physiology and Anatomy, in which something like justice is done to the contributions of our own countrymen. It is furnished by S. Weir Mitchell, M.D., whose candor and impartiality is highly commendable, while his industry and ability merit high praise. Among the *New Yorkers* suitably acknowledged, we observe the names of W. Clay Wallace, J. W. Draper and his son, J. C. Dalton, Cammann, C. E. Isaacs, G. T. Elliott, W. S. Bowen, J. LeCompte, M. Paine, G. Buck, Jr., &c.

The leading editorial is a very able one, upon Quack Advertisements in Religious Newspapers. Medical politics seem to have been ignored, for in this number the case of "McClintock and the Blockley Hospital" is wholly omitted; nor do the honest members of the Philadelphia Board of Health, under Dr. Jewell, receive honorable mention.

THE PRINCIPLES AND PRACTICE OF OBSTETRICS. By Henry Miller, M.D., Professor in the University of Louisville, Ky. Philadelphia: Blanchard & Lea. 1858.

The former publications of the author have prepared the profession to expect a systematic work from his pen on the department he has so long taught. So many trashy books on Obstetrics have been thrust upon the public, for whom rather than the profession they have been advertised, *ad nauseam*, that it is refreshing to see an American work, by an obstetrician worthy the name, of which we can speak creditably, because of its originality and merit. Dr. Miller is a medical scholar, and hence qualified to teach; and as he thoroughly understands the science and art to which he has devoted himself by study and practice, the reader may expect to learn something more than the common-place and stale repetition of the "college cliniques," which are neither instructive nor suggestive, and hence alike worthless to students or practitioners. In this volume will be found a complete system of obstetrics, skilfully condensed, and written in a pleasing style, introducing many new views of the author, and profusely illustrated with new and superior engravings. We heartily commend the work to our junior brethren, as every way worthy of their patronage.

THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES, for January, is issued by Blanchard & Lea, being still edited by Dr. Isaac Hays, with a numerous corps of collaborators.

It contains 13 original communications, among which we find two from our city, viz., Dr. Sim's new uterine elevator, with a plate, and Prof. Carnochan's three successful cases of the exsection of the second branch of the fifth pair of nerves, beyond the ganglion of Meckel, for facial neuralgia. Among the Reviews, we observe a kindly, discriminating, and just criticism upon Prof. Peaslee's late work on Human Histology; and this notice bears the initials of our own Prof. John C. Dalton, whose qualifications to estimate a work in this department are confessedly unsurpassed. The bibliographical notices are numerous, but not a word is said of the Transactions of the American Medical Association for 1857, vol. x. The usual quarterly summary of foreign and domestic intelligence is rich and varied, but no mention is made of the topic, introduced so flippantly into the previous number, about "McClintock and the Blockley Hospital." Perhaps it is reserved for the *Medical News*.

REPORT OF THE VITAL STATISTICS OF THE UNITED STATES, made to the Mutual Life Insurance Company of New York. By James Wynne, M.D., &c. New York: H. Bailliere. 1857.

This beautiful quarto volume has been prepared by Dr. Wynne for one of our mammoth Life Insurance Companies, who could not more wisely appropriate a portion of the fabulous millions they are annually reporting, than in encouraging the literary and scientific labors of medical staticians in furnishing to them and their successors the precise information they need, and of which there is prevalent a lamentable want of information. Statistics of vital and mortuary reports and registrations are, in our country, sadly undervalued and neglected, and we hail as a good omen the present volume as an earnest of other and kindred contributions in this department. It has been a work of no small labor, and Dr. W. has made the most of the scanty materials which this field of inquiry furnishes, and has performed his task with commendable ability and industry. As a book of reference for our Life Insurance Companies it cannot fail to be appreciated.

HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES.

This well-known semi-annual, by Drs. Ranking & Radcliffe, is still republished by Lindsay & Blakiston, of Philadelphia, and has deservedly a wide circulation, its value not less than its cheapness commending it to favor. The last number contains numerous extracts from American Journals, so that the professional exploits and contributions of our countrymen are duly chronicled.

This issue includes contributions from *Drs. Blackman, Agnew, Carnochan, Fricke, Hartshorne, Minturn, Foster, Potter, Wood, &c.*, nearly all of New York.

EDITOR'S TABLE.

Annual Meeting of the New York State Medical Society.

The fifty-first annual meeting of this dignified representative body convened, as usual, at Albany, the first Tuesday in February, and its sessions were continued until Thursday evening, the 4th ult. Unusually large delegations were in attendance from all parts of the State, the total number of members present being about one hundred.

As usual, the N. Y. County Medical Society failed to be represented, though proud of its right to thirteen seats on such occasions. It cannot, therefore, be considered strange nor particularly unjust, that in the bestowment of its emoluments in the election of President for the ensuing year, the claims in behalf of worthy candidates among the Esculapians of Gotham were gently pushed aside, and the wreath of honor gracefully placed upon the brow of an industrious and noble son of Troy, Dr. Thomas C. Brinsmade, whose elaborate, statistical, analytical, and synoptical record of professional observations and experience, presented to the Society on the first day of its meeting, is spoken of as a production of great merit—a model to be studied.

The New York Academy of Medicine was represented by Drs. Sims, E. Harris, E. H. Parker, McNulty, and Griscom. Drs. Jas. R. Wood and Wm. Rockwell were also present as permanent members—the latter with his usual fund of humor at the annual dinner, and the former with bones—not for the festival, but to illustrate and demonstrate the progress and success of conservative Surgery under the hand of our distinguished confrère. We learn that Dr. Wood's remarks on the enucleation of necrosed bone, and the means of promoting the growth of new osseous tissue, elicited much interest, particularly his account of such reproduction of the inferior maxilla. He alluded to the imminent danger of suffocation from reversion or slipping back of the tongue in operations for the removal of the lower

jaw. We rejoice that Dr. Wood saved his patient from suffocation, by promptly repositing the lingual organ when it had become reversed upon itself and slidden into the pharynx, by its detachment from the sub-maxilla.

Among the many valuable contributions made to the archives of the Society, were two highly interesting papers from the veteran Prof. March, than whom no surgeon in our country either practises or studies his profession with greater practical tact and enthusiasm. The cabinet of deformed and fractured thigh bones which he exhibited to the Society, in illustration of his thesis in defense of the vexed question of *osseous re-union of fractures of the neck of the femur within the capsular ligament*, we dare say, are "hard bones" for the opponents of the theory, which, when first proposed by Dr. Dalton, of Lowell, roused the vehement opposition of the practical Mussey; but it was Dr. Dalton's bone from the dead body of the fortunately restored patient, some years after, that converted Prof. Mussey, and nearly or quite accomplished a similar change in Sir Astley Cooper's views.

Dr. C. B. Coventry and other gentlemen presented valuable papers on "Cerebro-Spinal Meningitis," a malady which has been prevailing epidemically in many of our rural districts. We look with interest for the publication of those papers, as the literature of that singular and fatal malady is yet very meagre; Dr. Drake's last volume containing nearly all that our American medical literature furnishes on the subject.

Essays on Chloroform and Anæsthesia were read by Dr. P. Van Buren, of this city, and Dr. Orton, of Binghamton. Prof. Armsby presented to the Society an ingenious and convenient instrument, invented by him, for the radical cure of inguinal hernia by the method of a seton, or the occlusion of the inguinal canal by adhesive inflammation, an operation which, even without such a desirable aid as this instrument, has proved eminently successful under the hands of Prof. Carnochan, of our city. Dr. Armsby's instrument is described as a small cylinder of silver, slightly curved, and closed or plugged at one end, a short distance from which, say $\frac{1}{8}$ or $\frac{1}{4}$ of an inch, the tube is pierced for the exit of a small seton, under which is passed up armed with a few threads of silk, after the digit-like cylinder has been pushed forward from the external sac, and with it carried up to the inguinal canal to the internal abdominal ring, against or near which it rests, while the needle is making its passage through the tube and out its eye or opening to the surface of the groin.

This device would seem to ensure, as far as possible, the safety of the intestine, peritoneum, etc., and thus render the operation for a radical cure of hernia quite simple and safe.

Our vigorous fellow-townsmen, Prof. B. F. Barker, presented to the Society a faithful *resumé* of the pro's and con's on the uses, abuses, and comparative merits of Ergot and the Forceps in labor; and if report speaks truly, that well-versed obstetrician, by that essay, incidentally and happily defined his position as a teacher as well as a practitioner of that branch of the profession, in which he is becoming justly distinguished.

An account of a remarkable parasite, a vegetable fungus that grew upon the leg of a dying child, was given by our neighbor, Dr. E. Harris. We understand that the nondescript parasite is a vegetable fungus, of a high organization, having grown in a few days to the height of six or seven inches, and producing its spores in highly developed sporocarps, which issued, like the flowers of a *compositæ*, from a disk resembling the asters. This fungus is found to belong to the *phalloi-dei*, according to Prof. Torrey. Its full history is to be presented to the Academy of Medicine.

Among Committees appointed to report on special topics at the next meeting of the Society, we have heard of Prof. Quackenbush, of Albany, to report on Inversion of the Uterus, and Dr. Elisha Harris, of our city, on Imported Infectious Diseases, and their relations to Quarantine regulations and the public health, a theme affording ample scope for profitable effort. It is a subject that demands searching scientific investigation, and at such hands it will be certain to receive it.

The number of biographical memoirs of deceased and eminent members of the Society naturally increases, with years; but the number this year was unusual; among them was a very graphic and truthful sketch of the late Dr. Thomas Spencer. It is given at length in the "Argus," as is also the President's Annual Address, on "*Air, Exercise, and Sunlight*," in which the lady-fingered, exsanguine, effeminate self-made invalids in our profession, and in all other professions and stations in life, get from the stalwart, great-souled and intelligent country physician, Dr. Augustus Willard, some wholesome and eloquent lessons on hygiene.

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DR. FRANCIS'S ORATION

Before the Historical Society has been published, and our readers will find in this number an extract from his reminiscences, relating to the medical affairs of New York, which cannot fail to interest them.

They may here learn who were the *founders* of the New York Academy of Medicine, and to whom the profession and the public owe the inauguration of the reforms at Bellevue Hospital. Dr. Francis is too honest an historian to conceal or pervert the truth.

EDITORIAL CHANGE.

Dr. W. K. Bowling has associated with himself, in the *Nashville Journal of Medicine and Surgery*, Drs. R. C. Foster and George S. Blackie as assistant editors, Dr. Eve having retired in view of devoting himself to other labors, including his forthcoming work on the Principles and Practice of Surgery. The high character this journal has attained by its fearless independence, and the unsurpassed ability with which it has been conducted, have gained for it a wide circulation—a success which it will not fail still to merit under its new organization. May its shadow never be less. The last monthly number contains 120 pages, and includes a masterly address on Scientific and Practical Medicine, by Professor Buchanan, of the University of Nashville.

DR. J. ADAMS ALLEN,

of Kalamazoo, has been elected President of the Michigan State Medical Society. He has lately replied to Professor Paine, in the *Medical Independent*, denying that the latter has any claims whatever in the matter of the priority to the doctrines in relation to the excito-secretory nerves, the question at issue between Professor Campbell, of Geo., and himself. We cannot, however, take any part in that controversy, and have only sought to do justice to the rival claims of all parties.

THE WESTERN LANCET

has been amalgamated with the *Medical Observer* at Cincinnati, and appears to be *emasculated* by the union. Neither Drs. Blackman nor Lawson appear on the title-page, but the editors are Drs. Mendenhall, Murphy and Stevens. Their first number is inaugurated by an editorial aimed at us, abounding in vulgar mendacity, to which we only allude for the purpose of expressing our contempt for the medical press which utters such a libel upon Professor Bowling, as to charge him with *excusing* Dr. McClintock's course, when the article under notice is an unmitigated censure of that course, and rebukes him in terms of unrelenting severity. As to the flippant impertinence towards ourselves, we can afford to despise such "high-toned gentlemen" as the writer professes to represent, and the "mock morality" he exhibits.

ATLANTA MEDICAL COLLEGE.

We are pleased to learn that Professor Alexander Means consents to retain his chair of Chemistry in the Atlanta Medical College, and will be in his place at the approaching session. His resignation, announced in our last, has been reconsidered and withdrawn. The Faculty have encouragement to expect a large class. The new professor of Obstetrics, Dr. Powell, has removed his residence from Sparta to Atlanta, Geo.

NEW YORK ACADEMY OF MEDICINE

At the February meeting there was a larger attendance than usual; one illustrious fellow having hastened home from Albany, where he had been sent as a delegate to the State Society, assigning as a reason for his abrupt return, that "*fun* was expected at the Academy," and "he had to attend the *trial*!" of the nameless "fellow" who had dared to certify to the medical qualifications of Dr. McClintock for the Philadelphia hospital. Poor fellow! commiseration, not censure, is his due, and we spare him.

The first business was the formal inauguration of the President elect, Dr. J. P. Batchelder, by his retiring predecessor, Dr. Valentine Mott, which was gracefully performed with excellent addresses, to be reported hereafter.

The usual reports of committees and sections, with other routine business, having been disposed of, a communication was read by Dr. Warren from the Committee on Ethics, proposing inquiries for their guidance in relation to one of the "papers" referred to them, and submitting the question of jurisdiction, &c., offering to return the case to the Academy, to be read in a certain contingency, &c. The report was accepted; but as no farther action was had, it would be premature to say more than that it was understood to refer to that letter from Condie, Jewell and Co., of Philadelphia, which seems to have become an embarrassing question. Possibly the next meeting will call it up, and we shall then have light.

A very valuable paper was then read by Dr. Thomas, on Funis presentations, which elicited remarks from Dr. Francis, Dr. Detmold, and others, and which will, we hope, be published somewhere, as its suggestions have both novelty and merit. Dr. T. belongs to a class of younger members of the Academy, who are aiming to excel, and who give promise that they will make their mark, and take the lead, for which their ardent cultivation of our science will soon fit them.

Said Dr. Johnson, "When God Almighty gives a man *wings*, he will fly, clip them as often as you may." We chronicle their successes with hearty good will.

BURNING OF A HOSPITAL.

The large hospital on Blackwell's Island, attached to the Penitentiary department, and devoted chiefly to venereal patients, of whom over 500 were under treatment at the time, took fire on the morning of 12th of February, and was totally destroyed in a few hours. All the patients were happily saved, as were all the other inmates of the building. It was under the charge of Dr. Sanger and his assistant physicians, whose effects were consumed, which to them must be a great loss. The building was 400 feet long, and is said to have cost the city over \$100,000. The Governors of the Almshouse have resolved to rebuild immediately, as the exigency requires, and it is hoped that the new edifice will be fire proof. A series of detached buildings, separated from each other, is a wiser policy than one continuous edifice, since a conflagration might then be limited to the building in which it originated. The escape of all the inmates unharmed is a marvel, but finds explanation in the nature of their maladies, which in most instances allowed of locomotion. Had such a fire occurred in a hospital of which the patients were generally bedridden, the loss of life might have been appalling.

BELLEVUE HOSPITAL.

A majority and minority report from the Special Committee of the Board of Governors to the Almshouse, to whom was referred the subject of introducing Homœopaths to the medical charge of half the patients in the hospital, has been printed in pamphlet form, and of course is reproduced in the newspapers. The former is signed by Washington Smith and P. G. Moloney, a majority of the Committee, and is adverse to the projected change. It is brief and well written, concluding as follows, viz:

"But we need not multiply facts of this kind: enough has been given to prove to the entire satisfaction of your Committee, that this system has been thoroughly tested in hospitals, and found entirely inefficient. It is quite true, that hospitals established by its partisans have published reports of the most flattering success of treatment, but they must be rejected in this discussion, because partisan. If such reports are reliable, why the failure of these very hospitals? Why is the

Homœopathic system expelled, not only from the hospitals of Russia, in which it has had years to establish itself, but even from the Czar's dominions? These are questions of grave import, and may well give rise to the inquiry in this community, Why are the sick-poor of our city selected to be made the subjects of an experiment with this system of medical practice, which has so repeatedly failed when put to the test of rigid investigation? If the curiosity of the few ~~must~~ be gratified, why not choose the criminal for the experiment.

"The just pride of every civilized and christian community is its public charities. They are not only the criterion by which we may estimate its christian philanthropy, but also its progress in the arts of civilized life. Well may the citizens of London, of Paris, and other continental cities boast of their hospitals, the growth of centuries, and the merited recipients of public and private endowments. To them flock the students of every country, and from them emanate men learned in the laws of health and disease, and skilled in all the subtile arts of healing. They are demonstrating with mathematical exactness the fact, that, wisely and judiciously managed, the average of human life may be materially lengthened. So important, indeed, have they become to the well-being of the people, that they are incorporated with state and city governments. Well may we, under whose fostering care the public charities of our city are placed, inquire what is the character of the medical officers under which these hospitals have attained such age, and such celebrity! The answer, without exception, is, that they are of the same school of education and practice as that under the management of which Bellevue Hospital has for the last ten years so signally prospered. They have been men of professional learning, eminent as citizens, and often as statesmen, but always of one school—the so-called regular practice.

"With this careful and dispassionate review of the subject submitted to their consideration, your Committee can but conclude that it would be both unwise and inexpedient to change the medical government of Bellevue Hospital, or place any portion of it in charge of a Board of Homœopathic practitioners, for the purpose of experimenting with that system of practice upon its inmates."

The minority report is signed Benj. F. Pinckney, and has evidently been prepared since the former report was made, for it purports to be a reply thereto. Though avowedly the work of a Homœopath, and extending through nearly 40 pages, it contains absolutely nothing which has not been repeated and refuted so often, that a reply to its

sophisms and mendacity would be but a "thrice-told tale," and convince nobody. It concludes with the following Munchausenisms, viz:

"From the statement of facts thus presented, your Minority Committee deduce the following conclusions:

I. That Homœopathy has ceased to be an experiment, and is an established system of medicine.

II. That, as compared with Allopathy, the expense of Homœopathic treatment is much less.

III. That the duration of disease under Homœopathic treatment is much less.

IV. That the mortality under Homœopathic treatment is much less.

"And, relying upon the sound judgment of this Board, confidently offer for your adoption the following resolution:

Resolved, That one half of the wards of Bellevue Hospital be transferred to the charge of Homœopathic Physicians, under the supervision of a Medical Board to be appointed by the Homœopathic Medical Society of the County of New York; and that a Select Committee be appointed to prepare such rules and regulations therefor as they may deem proper."

We need scarcely add, that the hospital will not, under its present Governors, be changed in its medical management, by the admixture of any mongrel officaries in the medical staff. So that the Homœopaths will have to try again.

It is idle to prate of any "conjoint service" in a hospital, between Homœopaths and Physicians, for the "attraction of repulsion" is mutual, and any attempted amalgamation must end in a hybrid result. Oil and water are not more incongruous, nor is there any alkali in nature which has "disposing affinity" to render any union possible, for science and quackery are "chemical incompatibles," which reciprocally decompose each other when brought into contact.

Moreover, it is contrary to the law of Moses to *yoke an ox and an ass in the same team*.

DR. PAUL F. EVE,

the worthy President of the American Medical Association, has replied to the criticism of the *American Medical Monthly* upon his late publication with so much kindness and courtesy, that it would seem to disarm our hypercritical neighbor. His complimentary recognition of the surgical merits of both Drs. Mott and Carnochan, demonstrate that no intentional injustice was possible, and whatever seeming error of the press occurred appears to us to be amply atoned for.

GLEANINGS FROM THE FOREIGN JOURNALS

Cholera.—Dr. Black, of Chesterfield, announces that arsenias potassæ is a specific for cholera in all its stages, and cites his ample experience, even in cases in which the various other and active medication had been vainly tried. From 6 to 15 drops of Fowler's solution are given in cold water every 10 or 15 minutes until vomiting and purging cease, when smaller doses and at longer intervals are repeated until reaction.

His theory is thus expressed, viz., "To destroy such a poison in the blood, I gave to the blood a poison, which acted in accordance with a well-known physiological law, and cured the disease." What will the Homœopaths say?

Mr. Boate, a continental army surgeon, after large experience in cholera, begins his treatment with an emetic, followed by a full dose of tinct. opii and ether, or 3 grs. of calomel and one of opium. In collapsed cases, he relies exclusively on the inhalation of chloroform to the extent of stimulation only, thus keeping up the pulse for hours, watching to produce this effect and no other. He reports his cures to be 86 per cent.

Dr. Bennett, of Edinburgh, has been experimenting with injections of the Bronchi, in pulmonary diseases, as recommended by Dr. Horace Green. He reports having introduced the catheter in seven patients. In one of them he has injected the lungs eleven times, using from 2 drachms to $\frac{1}{2}$ an ounce of the solution of nitrate of silver, of the strength of 2 scruples to the ounce. He speaks of the effect as beneficial to the patient, though yet under treatment. He recommends the practice, and adds, "if judiciously employed, it may form a new era in the treatment of pulmonary diseases." What will certain wiseacres of our Academy say? See November number of the *Edinburgh Med. Journal*.

Glycerine.—Dr. Cotton, of Brompton Hospital, has employed this article extensively, and testifies against its efficiency in phthisis, pronouncing it greatly inferior to cod liver oil.

Supra-renal Capsules.—The congenital absence of these organs has been found in a man, who always had a *white* skin, lived up to 40 years, and died of a malady of the chest. He worked as a joiner, was married, and had three sons. See *Glasgow Med. Journal* for July last.

Primary Syphilis.—The ferruginous treatment of Ricord is endorsed in the *Lancet*, as preferable to any other. One part of the potassio-tartrate of iron is dissolved in six parts of water, two teaspoonfuls being given three times a day. The same solution is applied to the chancres in lieu of any other external remedy. No instance of secondary symptoms has been known after this treatment.

Neuralgia.—The most severe cases are reported as cured by subcutaneous injections into the pained tissues, by acupuncture with the perforated nozzle of a syringe. Battley's sedative solution is used for the purpose, but morphine solutions will do. The dose of the former used is 20 or 30 drops.

Bromide of Potassium, in doses of 10 grains, three times a days, is highly extolled in hysterical epilepsy, or in those cases of the latter disease attended with excitement of the sexual organs. The aphrodisiac properties of this drug are notorious. Mr. Ackerly, of Liverpool, reports numerous cures of epilepsy by tartar emetic, $\frac{1}{4}$ of a grain every four hours.

Hydrocele.—A new operation for radical cure has been repeated successfully by Dr. Burggraave, of Ghent, as we learn from the *Dublin Medical Press*. It consists in acupuncturation in a number of places over the tumor, when a serous thrombus is formed immediately. Within half an hour, all the serum comes to the areolar tissue of the dartos, and is quickly absorbed, but may be hastened by watery solutions of iodine applied to the surface. The harmless nature of this treatment allows of repetition, if necessary.

Bright's Disease.—Two cases, with characteristic symptoms, are reported by Prof. Naumann, of Bonn, which terminated favorably. They are published to encourage hope, and prevent the abandonment of such patients to their fate as is too often done, under the belief that this malady is incurable. That such may be the fact in tuberculous cases, where the pulmonary and other vital organs give evidence that such malady is constitutional, need not be denied. But all the phenomena of Bright's disease may be present, where no evidence of tuberculosis exists, although the degeneracy of the kidneys, with abundant albuminuria, &c., may be obvious. Such cases are often found curable.

BOLD SURGICAL OPERATION.

[The following "first-rate notice" of Mr. Syme's late butchery was inserted in the *Edinburgh Advertiser*, soon after this bold and reckless

feat was performed at the Royal Infirmary, and *before the patient was dead*, for which latter purpose haste was necessary, as a fatal result was inevitable, and must have been known to be such by all concerned except the victim. We chronicle the case as a warning to our young surgeons, against so disreputable and murderous surgery. Any body can gouge a man's eye out, or cut out his tongue, or off with his head, but in such a case it is not surgery, but homicide.]

On the 8th inst., at noon, there was no small amount of excitement exhibited in the surgical ward and operating theatre of the Royal Infirmary, Edinburgh, resulting from the expectation of a very formidable surgical operation taking place that morning. At 11 o'clock the room was crowded to excess, and numbers of medical men from all parts were assembled to witness it. The patient had for a long period suffered from cancer of the tongue, and Prof. Syme had determined upon removing the organ bodily. Shortly after 12 o'clock the man was lead into the theatre, placed upon the table, and quickly rendered powerless through the potent influence of the chloroform which was administered to him. Professor Syme commenced by making a vertical incision through the integument covering the chin, and then sawed through the lower jaw at the symphysis. The division being made, he next proceeded to cut away the tongue at the very root, close to the hyoid bone. The arteries were quickly tied, the hemorrhage was comparatively little, the man having only lost a few ounces of blood. The jaw was again placed together and the integument sewed up. The man was actually able to walk out of the room. At the close of the operation, Professor Syme remarked that the removal of the tongue, bodily, had been successfully performed in Italy, but the *modus operandi* was of a different nature, the incisions having been made entirely in the throat, but he (Professor Syme) considered that that mode was attended with more danger than the one he had chosen to adopt. This operation has never yet been performed in Great Britain, and, should the patient recover, which is earnestly hoped and believed, the highest praise will be due to Professor Syme for having so skillfully undertaken that which no surgeon of the country had formerly ventured upon.—*Edinburgh Advertiser*.

The *Scotchman* adds: The patient walked out of the theatre speechless, but grateful and happy, and has continued well ever since, being fed with a tube; can now, however, swallow, and yesterday he spoke, or rather breathed cheerfully, and gives every

NEW JOURNAL OF PHYSIOLOGY.

Dr. BROWN SEQUARD has issued the prospectus of a journal of physiology, of which he is to be the principal editor, and which is to be published quarterly, on the 1st of January, April, July, and October—each number to contain from one hundred and sixty to two hundred pages. He is to be assisted in his enterprise by Drs. Ch. Robin, Ch. Rouget, Tholozan, &c.

His journal, in addition to pure physiology, will embrace—1. Organic chemistry, hygiene, toxicology, and legal medicine, in their relations to physiology. 2. Descriptive anatomy, comparative anatomy, teratology, and normal and pathological histology, so far as they illustrate physiology. 3. The applications of physiology to the practice of medicine, surgery, and obstetrics.

The subscription will be 18 francs, at Paris, payable in advance.

The attention of the profession in this country is invited to this journal. It may be obtained through I. Pennington & Son, of Philadelphia.

EXTRAORDINARY SURGICAL OPERATION.

The newspapers having announced and commented upon an operation lately performed by Dr. Gurdon Buck upon a young lady of this city, would seem to render it proper to put our readers in possession of the facts, in anticipation of the detailed report, which will doubtless be forthcoming in the medical journals in due time, by authority. The case is one of very great professional interest on several accounts, and its successful result will add another laurel to the wreath which Dr. Buck has won for New York Surgery.

The lady, some two years since, had a small fish bone lodged in her throat, in the act of swallowing, which she could feel with her finger, though, not being visible, it could not be extracted at the time. At first it occasioned but little inconvenience, but either its presence or the wound it inflicted produced so much irritation at times, extending to the larynx and trachea, as to become afflictive and even hazardous, by reason of the paroxysmal recurrence of intense laryngismus, sometimes endangering life. Nearly connected with the families of several of our most eminent physicians, her case enlisted the counsel of several of our distinguished surgeons, and other medical men, by whom the expedient of tracheotomy was several times proposed, but as often delayed, a mitigation of symptoms having been obtained by antispasmodics and other medication. Of late, however, the dangerous symptoms having recurred more frequently, and suffocation threaten-

ed, the necessity of some operation became imperative, and after full consultation and the heroic consent of the patient, on the 10th of January Dr. Gurdon Buck performed it as the dernier resort to avert the fatal result which was impending. Among the surgeons present were Drs. Stevens, W. Parker, and Watson, and Drs. Clark, Cammann, and J. M. Smith in attendance as physicians.

The operation was undertaken first for the removal of the foreign body, though it was necessary for the relief of the sufferer. The larynx was laid open, the patient being etherized, and a protracted and diligent search was made in vain, no trace of the fish bone being discovered, but the inflammation and ulceration of the mucous membrane were exposed, and cauterized in the larynx and trachea; the tube introduced to the manifest relief of the sufferer, whose powers of endurance, even after the ether had to be suspended, were marvelous. A similar search for the foreign body was renewed in vain the following day, by opening the wound, after which the parts were coapted, the tube replaced, and the wound fully dressed.

From that time all has gone well, the wound healing by the first intention, and all the sufferings of the patient relieved, no return of laryngismus having occurred. The tube is still worn, perforated, however, so that speech and voice are restored; and the lady's health, almost overthrown, is rapidly recovering. Whether the fish bone remains imbedded in any of the tissues, which is possible; or whether it has escaped after inflicting its terrible mischiefs, may not now be positively affirmed. But the operation has succeeded in rescuing from suffering and death a young wife and mother, and restoring her to her husband, children, and an endeared family circle, at the head of which stands one of our most esteemed physicians, who has thus renewed reason for being proud of his profession. She will be a living trophy of the science and skill, so happily illustrated by Dr. Buck, of the New York Hospital, who has already distinguished himself in this department of surgery, beyond any living man at home or abroad.

THE CINCINNATI LANCET AND OBSERVER

recently started the fiction, that a new medical college was about opening at Nashville, and added, that it was to be "under the patronage of the Methodist denomination." Now, this is only another of the *yarns* of that hybrid *Observer*. whose tripod of editors seem to have some private affairs. to pitch into Nashville
be "Journal," for re-

publishing Dr. Drake's graphic paper on the reign of Quackery in the queen city of the West, which then, as now, overrides the profession there, its Journal, and its schools. Eclecticism, and kindred impostures, are in the ascendant at Cincinnati, and will be while such men as Drs. Drake, John Bell, H. W. Baxley, and Geo. C. Blackman fail to be appreciated by those who represent our profession in that city; and even a man like Professor Mussey is laid on the shelf by his brethren, to make room for other and inferior men. Even Cleveland, the convicted plagiarist and notorious gas-bag, is countenanced there, and publishes a better Journal, typographically and editorially, than is the present *Lancet and Observer*. These things ought not to be so. The profession of Ohio should rally as one man, to replace Professor Blackman at the head of the medical press of Cincinnati, from which he has so lately been compelled to retire by unmerited but almighty neglect.

PERSONAL.

[We insert the following, as a specimen of numerous letters recently sent us by professional friends. This is from one of the most eminent men in our country, who has contributed more to the value of the Transactions of the American Medical Association than any other of his compeers.]

He thus writes, viz:

"I must take this opportunity to say, that in the McC. matter you seem to me to have been unjustly censured by some of our profession. That you acted from the impulses of a heart filled with kindness, charity, and humanity, I think it is safe to say. Nay, more, I believe you have acted *as I should have done under the same circumstances*, and as very many of your opponents would have done, because I believe that those gentlemen as well as myself are sufficiently impulsive and kind hearted to do such things, even if unwise. No doubt there are men who would not have done it—cautious, prudent men, who never do a wrong act, but who also never do a good act. They hesitate until it is too late to act. I confess I do not like such men, though they may be useful; indeed, I dislike them very much. Their blood is too cold and sluggish for me.

"Moreover, you have done enough for the profession of medicine, both in the prosecution of its researches, and in the defence of its honor, to entitle you to some consideration. Young men who were in their cradles when you were laboring for the advancement of medi-

cal science, ought to look back a quarter of a century or more, and learn who it is whom they have assailed so rudely.

"Be assured, that *all my personal friends entertain similar views* of this matter, and we cannot sympathize with those who, for want of sufficient reflection, have been disposed to blame you. I trust if we never commit greater sins, we shall be forgiven. My long intimacy with you, and my ancient acquaintance with McC., have led me to speak so freely on this matter to yourself.

With sentiments of esteem, I remain

Yours truly, ———"

[We suppress the name, as not designed for publication, and because we are not willing to divide our responsibility for any act of our own, by committing any other party. Nevertheless, we highly appreciate the kindness which prompted it.]

HOMŒOPATHS—NOT PHYSICIANS.

Very great injustice is habitually done to the medical profession by the public press, in using the title "physician" interchangeably with that of "homœopath," as though they were synonymes; than which, there cannot be a greater mistake. No homœopath can have any right to the title of physician, nor, if he is honest, can he consent to the misnomer.

Our objection to this confounding of titles is based on the fact which is notorious, that in the public press the ignorance, folly, and crimes of the homœopaths all over the country are ascribed to "physicians," and this when the record shows that the parties are not of our profession, but *only* Homœopaths. Thus, when the crimes of Biegler and Son are referred to, and their relations to the state prison and the gallows, both are styled "physicians." The suicide of spiritualists, as in a recent instance, is entitled an "eminent physician blowing out his brains;" and another bigamist being shot by his paramour, is recorded as a "celebrated physician murdered," when all these are only homœopaths—not physicians.

That these and the like slanders of our profession are often designedly published, and the fact that the criminals are *only* homœopaths is purposely concealed, is doubtless true in many cases. But this fact only aggravates the injustice of which we complain. All we demand of the public press, is, that a just discrimination be made. Our profession has sins enough of its own, by unworthy members, to answer

for, without being saddled with those of their neighbors. Mesmerism, clairvoyance and spiritualism, with all their tom-fooleries, are sought to be endorsed by the presence and testimony of physicians, when no legitimate member of the profession is any where identified with these impostures, all such being only homœopaths, and not physicians. This latter title belongs exclusively to the regularly educated medical man, and neither homœopaths, hydropaths, eclectics, chrono-thermalists, Indian doctors, clairvoyant or spiritual jugglers, or witches, have any, the least claim to the title of physicians, but should collectively bear the designation of quacks, all being alike ignorant and unprincipled excrescences, mere fungi and parasites, whose recognition or fellowship we utterly repudiate.

THE MANHATTAN GAS COMPANY

is justly denounced by the public press as an odious monopoly, or as Dr. Dickson felicitously nicknames it, the "Anaconda Gas Swindle." In the upper wards of the city, we are all compelled to submit to its exorbitant exactions, or dispense with gas light, which has now become a necessary of life. While professing to lower the price of gas 20 per cent. since October, 1856, every householder finds his monthly bill increased 40 or 50 per cent. beyond what it reached when the price was higher. This they are enabled to do with impunity, by the villainous meters, which they control by their hirelings, whose reports are final without appeal to any Inspector. The public have recently been enlightened touching this meter question, and the press ought not to let the matter rest, until the Legislature arrest the wholesale robbery. For an investment of less than \$100,000 in meters, this company is in the receipt of the annual interest on more than *a million of dollars!* and this in perpetuity, the meters being all paid for the first year.

It is no marvel that they can build palaces beside our Opera House, and afford such enormous salaries to their President, Vice President, and other officers, who sit like nabobs at their desks, and roll in wealth, exacted by this overgrown monopoly. Their fancied security in their positions renders them insolent and oppressive to their dependent customers; but unless the Legislature can be bought off from their support, by the higher bids of some opposition company, the only hope for the public is in the introduction of improvements in the manufacture of gas, such as are foreshadowed by the recent improvements in England, when portable gas will be furnished to every

family, and these monopolists will find their "occupation gone." So mote it be.

PROFESSOR CARNOCHAN'S

report of operations by seton, for the cure of reducible hernia, will be found in this number under the head of "Communications," having reached us after our first form had been worked off by the printers. He has been using an instrument introduced by Dr. Riggs, of this city; but a *new instrument* has been devised by Prof. Armsby, of Albany, as will be seen by our report of the proceedings of the late meeting of the State Medical Society, which has been used with success by himself, and which seems to us more simple than that of Dr. R., although Professor Armsby had neither seen or heard of the other instrument, until he had constructed and used his own. We learn, however, that he does not moot the question of priority, but merely submits his instrument to the profession for trial. His seton is a single thread instead of a skein of silk or sponge.

THE LAGER BEER QUESTION

is now a mooted one, in consequence of the recent judicial decision at Brooklyn, that the modern beverage known as Lager Beer is not legally an intoxicating drink, and hence its sale is not prohibited under the present liquor law. If the judgment of the court that it is "*not intoxicating*" be correct, it would, indeed, be tyranny to prohibit it, especially under a law which does not, and cannot prohibit the sale of all the other and fashionable beverages *known to be intoxicating*, and sold and drank only because of their being such; and this without any license, there being every where a *free trade in good or bad liquor*, provided that it be *intoxicating*; and even when made so by the admixture of *poisonous drugs*! Such has been the result of the stupid legislation in New York, on this great subject of Intemperance, the giant iniquity of the age. We speak thus, in view of its physical mischiefs to the public health, and upon human life, wholly irrespective of the considerations urged by the philanthropy and morality of the age.

The grounds upon which this decision was made, that "Lager Beer is not intoxicating" in the sense of our bogus prohibitory laws, are understood to be the proofs before the court, that it contains only $3\frac{1}{2}$ per cent. of alcohol, and that individuals had drank 30 or 40 *pints* at a single sitting, and others as many *quarts* during the day and night, without intoxication.

These latter facts were sworn to by the par'' corroborated

by others who were competent witnesses, however they may be doubted or denied, in view of their improbable and incredible character. We know so much of the capacity and long suffering of the human system to resist and withstand the excesses of gourmands, committed with other and more intoxicating beverages, of infinitely worse quality than Lager Beer, and to a quantity little short of that specified in this case, that we are prepared to admit that it is even *possible* that so many gallons as are here alleged to have been drank, may have been swallowed with comparative impunity, at a single debauch. But, even if the stomach and digestive organs escape a single excess of this extent, such drinkers of even Lager Beer should be warned that the *brain, the heart, and the kidneys* will not sustain its repetition; and sudden death, by organic disease of these organs, must follow such indulgence by a physical necessity. The mortality among our German population, if truly reported, will often record "Death from Lager Beer."

The fact may be conceded that this beverage is the weakest of fermented drinks, and that it is the product only of hops and malt, and that it contains only $3\frac{1}{2}$ per cent. of alcohol, and no strychnine, tobacco, liquorice, or other drugs; yet if the *minus* in quality be made up by the *plus* in quantity, the mischiefs to health and life will be no less than those known to result from indulgence in the stronger drinks.

Judges and jurors may decree that Lager Beer is not an "intoxicating liquor," but while it contains $3\frac{1}{2}$ per cent. of alcohol, it will prove itself to be a poisonous and "killing liquor" as certainly as Brandy, if drank to excess, as it assuredly is by a large proportion of our German population.

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Senega in Cases of Heart Disease.

Dr. Barlow remarked the other day to his class at Guy's, respecting the usefulness of senega in chronic bronchitis, that he had noticed it to be of especial benefit in those cases in which the pulmonary affection was complicated by aortic valvular disease. It had come to be a clinical rule with him, in all cases in which the pulse indicated regurgitation, to order this remedy, and he always found that it acted with much greater efficiency than in instances of simple bronchitis. The formula ordered was an ounce of the decoction of senega with half a drachm of nitric ether every four hours.—*Med. Times and Gaz.*, May 2, 1857.

AMERICAN MEDICAL GAZETTE ADVERTISER.

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ATLANTA, Geo., Feb. 8, 1858.

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JOHN DELAMATER, M.D.,

CLEVELAND, OHIO, May, 1857.

Dean of the Faculty.

AMERICAN MEDICAL GAZETTE.

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APRIL, 1852.

No. 4.

ORIGINAL DEPARTMENT.

Clinical Lecture on Contraction of the Knee-joint with
False Anchylosis.

(Delivered at the Long Island College Hospital, Brooklyn.)

By LOUIS BAUER, M.D., M.R.C.S., Eng.; Attending Surgeon of the Hospital, &c.

GENTLEMEN—The case of Mary Ryan, now before you, affords me an available opportunity for some clinical remarks on that class of infirmities to which her case belongs.

She is twenty-one years old, and, as you perceive, of good and robust constitutional health. Her menstruation has always been, and is still, in perfect order. At the age of four years she met with a fall upon her right knee, which subsequently became seriously affected. Timely and fair surgical aid proved of no avail, and thus she became afflicted with an angular deformity that rendered her right limb both useless and burdensome; she had, therefore, resorted to the use of crutches, which were her constant companions during the last seventeen years of her life.

You notice that her right knee-joint is bent in an angle of about 100 degrees; beyond that, she cannot extend the extremity, though she can easily flex it and reduce the angle to its normal size. Hence, this is not a case strictly to be termed anchylosis or articular immobility. The attempt to extend the deformed member meets with a strong resistance in the flexor muscles of the leg, which manifest a high degree of tension, more particularly the biceps. These muscles do not only not yield to extension, but, in extending, a most pain-

ful sensation is being produced in the joint, as the patient states it. It may also be noticed, that the external duplicature of the *vagina femoris*, inserting at the external condyle of the tibia, is shortened likewise, and participates, therefore, in the resistance. As the *vagina femoris* is not endowed with vital contractility, it is obvious that its shortening must be attributed to muscles, originating with that fascia; and in our case, we have to look upon the *vastus externus* as the active cause of this symptom.

The mobility of the joint and the considerable retraction of the muscles could lead us to diagnose this deformity as a mere contracture; yet this diagnosis would not cover the whole pathological ground, for you observe, in the first place, that the patella firmly adheres to the external condyle of the femur, and there are two cicatrices in front and laterally at the joint, one of which adheres firmly to the anterior surface of the internal femoral condyle. I am not prepared to admit that the joint has been perforated either by traumatic or spontaneous causes, for under such circumstances we should justly expect a total annihilation of the articular cavity.

The two scars originated, undoubtedly, with extra-capsular abscesses, and the conjecture seems to be justified, that the fall of our patient had primarily caused periostitis, and subsequently the extensive retraction of the flexor muscles.

The joint is somewhat deformed, owing collectively to the flexed position of the limb, the firm adhesion of the patella to the external condyle of the femur, and the rotation of the tibia with eversion of the foot. The whole leg is, moreover, atrophied, and to all appearance retarded in the development of its proper size. In fine, there is no where any soreness or pain within or about the joint, neither on moving nor touching, and the whole feature of the case manifests that this disease has many years ago terminated its course.

Like cases are as numerous as the inflammatory lesions of the knee-joint, and the history of our patient may be considered as a fair prototype for many of them. The knee-joint, exposed as it is, renders it but too often subject to injuries; the continued use for locomotion, the pressure of a considerable superincumbent weight upon the articular surfaces, will inevitably and prejudicially co-operate with the traumatic cause; and in fine, surgical art has heretofore proved to be a very negative friend in these cases.

Thus it so happens, that almost all these lesions take their own course, either despite or without surgical treatment, until the extrem-

ity becomes the object for amputation, or gradual improvement sets in, and the inflammatory process subsides spontaneously, leaving, however, the limb more or less deformed, and locomotion impeded.

Surgeons conversant in and practically experienced on the subject of articular diseases and deformities, will bear me evidence, that almost all inflammatory affections of some intensity, pertaining either to a joint itself, or its surrounding periosteum, give rise to muscular retractions, and, consequently, to prejudicial position and deformity. I am perfectly certain of the fact, that the before-named lesions, in all their stages, coexist with such muscular retractions; they almost begin with them, and decidedly terminate but rarely without them, differing only in the degree of deformity. I do not mean to maintain that muscular retractions, consequent upon joint diseases, are the exclusive causes of deformity connected with them; but they are decidedly the most frequent ones. I am well aware, that effusion within the articular cavity, surrounded by a firm, unyielding, morbidly thickened and solidified articular capsule, will, by necessity, influence the relative position of the concerned extremity. The effusion will, under such circumstances, act like a wedge driven anteriorly between the articular surfaces of the knee-joint, and cause an angular deformity of the limb, which will continue until the liquid is absorbed or is suffered to escape through an opening in the capsule. It is evident, also, that under that condition the limb may be flexed, but cannot be perfectly extended. The accumulation of inflammatory effusion within the hip-joint affects the position of the femur most singularly, and results in a deformity, which is recognized as the second degree of hip disease, the limb being apparently elongated, slightly flexed, abducted, the toes everted, the pelvis lowered, and the affected joint immovable, which is, by the by, the very position in which we throw the limb by artificially injecting the cavity of hip-joint. If the surrounding capsule of a joint, however, is of ordinary texture, and the accumulation of the liquid within the joint ensues but gradually, as, for instance, in hydrarthrosis of the knee, we notice no deformity of the limb.

However numerous the causes may be that affect the relative position of the knee-joint, it is evident that muscular retraction is the most pre-eminent one.

In perusing the numerous text and hand-books of surgery, nay, even in monographs on articular diseases, as, for instance, in the valuable work of Prof. Bonnet, of Lyons, there is a conspicuous deficiency as to the physiological character of these muscular retractions that should

be filled by accurate research. Most authors coincide in the deformity pertaining to joint diseases being the result of volition on the part of the patient. A mere superficial inquiry will, however, show the entire fallacy of such an opinion, in as far at least as the muscular retractions are concerned.

1st. If it be true, as some authors say, that violent pain induces patients to relieve themselves by assuming an easier position, the argument loses its strength in all those numerous chronic cases in which the pain is comparatively trifling and when the disease has subsided.

2d. If volition is a sufficient cause of angular deformities of the limb, volition would and should be a sufficient remedy for its removal.

3d. If volition is the source of the deformity under consideration, the deformity should be removable during sleep, and under chloroform anæsthesia, when volition is dormant or suspended, which, however, is not the case.

4th. If volition is the sole cause of muscular retraction, there could not be that amount of resistance with which we meet when attempting to extend the limb, which occasionally, even with the aid of chloroform inhalations, is insurmountable.

5th. The limb of some patients being raised without support, most usually trembles and shakes; and in one case, namely, in that of the patient Schindler, which I shall relate more extensively hereafter, chronic spasms were observed, which alternately flexed and extended the limb most rapidly, and to the greatest horror and agony of the patient. This symptom did not subside until the flexor muscles had been divided.

This muscular retraction appertains by no means to the knee-joint exclusively; on the contrary, it occurs also in connection with the diseases of other joints, and more particularly as an inseparable companion of hip-joint disease. Hence it seems to be a symptom essential and pathognomonic to articular diseases in general. Obviously these muscular retractions are caused by reflex action, within the sphere of the excito-motoric nerves, and, though originating from the articular disease, they acquire a certain pathological independence, extending their existence far beyond the termination of actual disease; nay, they may even reflect upon the disease itself, in aggravating and reproducing the same malady from which they originally rose. In order to illustrate this observation, I take the liberty of relating two cases, that will fully bear them out.

A young lady from Hobart, Delaware County, State of New York, came under my care, for both angular deformity and immobility of her right knee-joint, besides superficial caries of the tibia of small extent. Her troubles had commenced with periostitis of tibia; ulceration, and subsequently superficial caries, had ensued, causing numerous fistulous openings along the anterior angle of that bone, all of which, except one, had closed, when I saw the patient first. The joint seemed to have been secondarily affected, and its disease had never passed beyond a plastic arthro-meningitis, giving rise, however, to adhesions between the corresponding articular surfaces, the patella being as usually connected with the external condyle of the femur. The flexors had to be divided on account of their retraction, and under the influence of chloroform the articular adhesions were by main force broken up, the diseased portions of the bones also removed by gouge and chisel, and the extremity secured and bandaged up in a straight iron splint. Several weeks had elapsed since the operation. There had been no reaction whatsoever, and the patient had already been about with the help of crutches, moderately bearing the weight of her body on the affected leg, when suddenly, and without any perceptible cause, the joint once more became excessively painful, swollen, red, and tender to the touch. Repeated application of leeches, constant use of ice, external and internal administration of mercurials and opium, failed to give the slightest relief. The patient was deprived of rest and appetite, and complained loudly of the violence of her pains, which were not only subjective, but also occasioned by pressure. It was mostly concentrated about the internal condyles of both tibia and femur, assuming all phenomena of returned periostitis.

Quite accidentally it was discovered that the flexion of the foot increased considerably the pain, and in following up the course of the symptom, a retraction of the gastrocnemius muscle was noticed. Having failed in relieving the patient by the antiphlogistic apparatus, the division of the Achilles tendon was decided upon and promptly performed. From that very moment all inflammatory symptoms rapidly disappeared, and within a week the patient resumed locomotion.

The other instance is of a still more striking character. It relates to a little boy, seven years of age, from Montgomery, Ala., afflicted with a spurious ankylosis of left knee-joint and retraction of the corresponding flexor muscles, causing angular deformity of the extremity. The little fellow was brought to me on the 2d of October last. On that same day, when under the influence of chloroform, I divided both

the biceps and the lower end of the duplicature of the vagina femoris, the latter particularly with a view of amending a slight grade of genu varum, coexisting; the adhesions of the joint were then broken up, the extremity extended without difficulty and properly splinted. Although semi-membranosus and semi-tendinosus, etc., were slightly tense, yet they yielded readily to the extending power, on which ground their intended division was relinquished.

In the evening following, patient was feverish and restless, crying vehemently from pain in his joint, though he had intermissions; the joint was somewhat intumescent and tender to the touch. I promptly instituted antiphlogistic treatment.

October the 3d patient had passed a wretched night, had slept scarcely any, all symptoms were on the increase. On removing bandage and splint, the leg slightly bent, and this seemed to relieve him. The joint was otherwise very tender and hot, there was moderate effusion within its cavity.

During the succeeding five days the inflammation assumed an alarming character and the little patient suffered terribly and incessantly. The most rigid antiphlogistics gave not the slightest benefit, the rupture of the joint and the ultimate rapid disintegration seemed not to be far distant. Over and over again the joint had been subjected with the aid of chloroform, to careful examination, and this various times revealed a slight degree of union of the ligamentous and capsular structures, having remained undivided, their rupture was however, as happened, as hardly to be easily effected.

But it never occurred once thought to the patient, I nevertheless performed the operation, and shortly after, when the joint was opened, the inflammation subsided so rapidly as to have ceased to appear, and since then I have had my patient in excellent health.

A further symptom manifested was the presence of a small amount of fluid in the joint cavity. The character of the fluid was that of a serous effusion, and was not at all purulent. A small amount of fluid was also found in the cavity of the joint, and this was also of a serous nature. The patient was then placed in a splint, and the joint was kept at rest. The patient was then allowed to get up, and was able to walk with the aid of crutches. The patient was then discharged from the hospital, and was able to walk without the aid of crutches.

From the above case it is seen that the joint was opened, and the inflammation subsided so rapidly as to have ceased to appear, and since then I have had my patient in excellent health.

within one month by hip disease. It can not be said that the muscles lose their bulk by being converted into tendinous structure, in consequence of morbid retraction, for this metamorphosis requires a far longer space of time. Moreover, this process would be limited to the retracted muscles alone. Nor can it be asserted, that the waste of a member is progressively increased by suppuration of a joint, for not all joints suppurate when affected, and yet the attenuation is the same. Hence, we must look out for another cause, and as such, we may accept the *morbid reflex innervation*. Indeed, we have many analogous proofs that tend to corroborate my views. We find, for instance, a remarkable atrophy of face and neck in wry-neck, irrespective of the sterno-cleidomastoid muscle itself. We strike upon a similar analogy in club-hand and club-foot, and in one instance, where *pes equinus* had been acquired by an Irishman, forty years of age, through a stab in his back, and a subsequent reflex action upon his gastrocnemius muscle, which contracted and raised the heel three inches, the leg atrophied considerably within a very short time after the accident. On the other hand, in dividing the contracted muscles, the extremity increases in both bulk, muscular strength and temperature. All those facts tend to prove the correctness of my views, and the practicability to increase the physical strength of a member by myotomy of its retracted muscles.

In the common routine practice it is taken as granted, that almost all articular affections originate in constitutional troubles, more especially in scrofulous diathesis. In fact, scrofulosis is premised everywhere, where a tenable cause can not easily be taken hold off. That term is applied with a looseness that is self-sufficient to doubt its correctness. The profession of every country have their pass-words, which are resorted to when the physician is embarrassed by questions which his knowledge is unable to answer. And the great poet Goethe is correct in remarking, that words are but too often substituted for thoughts and knowledge. For an inquisitive mind, however, and in science such words necessarily lose their charm, more especially when facts contrast their application. Close observation and cautious deduction, from what should be considered an ample field of inquiry, have convinced me that traumatic causes lie at the foundation of a large majority of these cases. The same appertains to the so-called hip-joint disease. It is true, that the disease does not always immediately follow the injury, sometimes months intervene between cause and effect; this is, after all, more apparent than real. For instance, a

child sustains a fall upon the upper extremity of the tibia, the fall is sufficiently violent to produce a hæmorrhage within the cancellated tissue, the blood gradually degenerates, and a long time after the fall the degenerated blood causes osteomyelitis, pain, swelling and softening of the articular extremity; and not before this period the disease is noticed, and therefore not considered a disease at all, though the pathological process goes on steadily.

We have seen limbs amputated, in which, on minute examination, a degenerated blood-clot seemed to have been the only cause and starting point of subsequent serious trouble. And without any doubt in my mind, I am free to say, that the origin of a good number of bone abscesses is of this very order. Another instance is, the periosteum is contused and lacerated; in others a sprain of the ligaments and the synovial membrane may be the starting point. I believe, however, that most cases grow out of injuries of bone and periosteum.

After a patient, however blooming, strong and robust his health may have been at the commencement, has suffered for weeks and months close confinement, the tortures of Tantalus, has been deprived for a long period of appetite and rest, and has been perhaps subject to a considerable waste of bodily materials by suppuration, we, as a matter of course, should not be surprised to find such patient pale, anæmic, transparent and emaciated, or leucæmic and bloated. It would be decidedly improper to call such a state scrofulous, but it should be at least understood that this strangely so-called scrofulosis is not the cause, but mostly the effect. In order to test this question fairly and conclusively, a number of such cases have been treated with liberal diet and local applications only, and the results have exceeded my most sanguine expectations. I do not mean to assume, that plastic or tonic treatment is entirely dispensable; yet iron, bark, quinine, etc., do not strictly come under the head of anti-scrofulous remedies. But even these remedies may be dispensed with, as long as appetite and degestion of the patient are sufficiently strong to assimilate steaks and chops, for I could not persuade myself that a few grains of iron or quinine could possibly effect the same benefit as some ounces of beef or mutton.

In the preceding remarks I have tried to show, that muscular retractions are pathognomonic phenomena of almost all inflammatory diseases of the knee-joint, that they form almost their primitive symptoms, though hitherto utterly disregarded. It is self-evident that, in incipient cases of inflammation of the knee-joint, the prevention of

muscular retraction is a paramount object of the treatment. In fact, prevention and treatment of muscular retractions in acute cases is almost identical with the treatment of the disease itself. The therapeutical maxims heretofore "en vogue" among surgeons, have wrought most disastrous results. The whole antiphlogistic apparatus, strengthened with constitutional treatment against the promised scrofulous diathesis, and supported by the derivatory method, have dissatisfied both surgeons and patients, and joint affections, especially those of the hip and knee-joints, were consequently looked upon as most odious and dreaded objects for medical attendance. In the ordinary practice of almost every surgeon, apparently mild cases have been observed, which, despite of all active treatment, steadily advanced from bad to worse, extending over a period of years. Frequently, amputation was the only remedy to relieve the sufferings. But the inevitable consequence was deformity, if the knife had spared the limb.

This being the case, we may justly pause, in order to inquire into the causes, negative or positive, which have led to these discouraging results; in doing so, we may arrive at some practical suggestions, that may eventually turn the scale in our favor.

Gentlemen, you will recollect the second case mentioned at a previous occasion. The patient was young, robust, and as healthy as any child of his age living. The inflammation that attacked the joint, after brisement forc e had been performed, was of a pure hypersthenic character, without any constitutional tint whatsoever. If there was any case qualified for the antiphlogistic treatment, it was his, and for seven days I pursued it to its full latitude. The result you know already. And I have no hesitation in surmising, that the case could not have done worse without treatment than it did with mine. What right have we to expect better results in protracted and complicated cases?

A whole series of similar instances might be superadded, yet one already quoted will suffice to argue the point in view, namely, the inefficiency of antiphlogistic treatment in cases like these. The same remark will apply to derivation. I can honestly assure you, that it met a fair trial at my hands, but the benefit derived therefrom was at the best questionable, and in most instances decidedly bad. It is therefore but natural that I should have entirely discarded it in the treatment of joint diseases, and, unaided by practical results, neither high-sounding names nor any professional authority could make us believe in its usefulness and practicability.

Within twenty years, prominent members of our profession, particularly Sir Benj. Brodie, have, in the treatment of joint diseases, indicated the maxim of keeping inflamed joints at perfect rest. Rational and simple as this advice unquestionably is, it has never been executed to its full extent. Most surgeons deem it sufficient to lay their patients up, and the affected member upon a pillow; yet this plan permits prejudicial movements, and the gradual retraction of the flexor muscles. Prof. Bonnet, of Lyons, is still more strict than Sir Benjamin. He asserts, that the proper position of the limb affected with a joint disease is the most indispensable requisite of successful treatment, and I can most emphatically corroborate and affirm his views. The happy results which have followed my own practical application of those principles, have been due to their faithful execution, and my firm confidence in their truth. Since their adoption many of the anxieties regarding joint affections have subsided, and I can therefore warmly and conscientiously commend them to your consideration.

The first rule in the treatment of these cases is, to secure both rest and position to the affected extremity; under no circumstance can this be dispensed with. A straight splint made of sheet-iron, and conforming with the shape and size of the member designed for, is all you want for their accomplishment. You fill this splint with cotton, and fasten it on the posterior surface of the extremity, which it should cover from the tuber ischii to the heel. If the joint is much swollen and sensitive, it may be advisable to apply a sufficient number of leeches, so as to relieve the capillary engorgement; and subsequently, after having filled the popliteal cavity with a cushion, to surround the joint with well and tightly applied adhesive straps, so as to exercise a gentle pressure upon the inflamed parts, and to favor the absorption of effused liquids. If this proceeding should be too painful for the inflamed and tender tissues, and more especially if there are already slight muscular retractions, opposing the straight position of the limb, chloroform inhalations to perfect anæsthesia will aid you in overcoming all difficulties. It is very seldom that the patients experience any pain after that proceeding; most usually they are forthwith relieved, and the improvements go on steadily to convalescence. It does not seem to make any difference whether one or the other tip of the joint is involved, as in practice the discrimination of disease in the different structures are of less importance than in purely static points.

During the past eight weeks three patients were received at this Institution, namely:

Peter Morlan, 5 years of age, suffering from chronic arthro-menin-
gitis of one knee-joint; James Kearnan, 4 years of age, from peri-
ostitis about the knee-joint; and Andrew Mitchel, 4 years of age, from
chronic osteitis of the articular portion of the tibia. In these three
cases the joint and locomotion were painful, the affected extremities
hardly touched the ground on walking. They had, moreover, in com-
mon a contracture of the biceps muscles, producing angular deformities
of greater or lesser extent. The three cases were treated alike. After
dividing the biceps, the limbs were reduced to straight posture, sur-
rounded by gently-pressing plaster bandage, and finally secured with-
in an iron splint, such as you have seen here. Within a fortnight
these children were so much improved as to walk with facility and with-
out pain. The joints were reduced in size and temperature, and pain-
less to touch and motion. It needs hardly to be mentioned, that the
patients did not receive a grain of medicine, nor any other external
application, than those already named. The following case, however,
is by far more calculated to interest your attention, and to imbue you
with confidence in this mode of treatment.

Ludwig Schindler, 25 years of age, a German by nationality, a mil-
ler by trade, and a man of strong and powerful frame, and above the
middle size, when on his voyage to his new home in the year 1853,
sustained a heavy fall and struck thereby his right knee-joint. Though
it soon after became painful, he disregarded it entirely, and deferred all
treatment until his arrival at the harbor of New York.

He consulted in succession various surgeons; he received the same
advice, to keep his leg at rest, to leech and blister his joint, and call
again. As time went on, without bringing him any relief, and as the
disease seemed rather on the increase, whereas his financial resources
were rapidly decreasing, he applied for and received admission into
Ward's Island Hospital. There he remained about six months, and
though it is said that that institution is exceedingly successful in the
treatment of all species of joint diseases, it decidedly did not succeed
in subduing the malady of Schindler. He left, and made repeated at-
tempts to procure relief from private surgeons. Failing in this, and
his disease growing steadily worse, he once more entered the institu-
tion of the Commissioners of Emigration. He left a second time, to
re-enter a third, with full determination of having his limb amputated,
which was approved of by the attending surgeon. The latter, how-

ever, meeting at that time with an accident to his hand, and being, therefore, disabled from attending to his operative duties at Ward's Island Hospital, the operation had to be postponed, which ultimately saved his extremity. A friend persuaded the patient to come to Brooklyn, where he should accommodate him at his residence, and, if the amputation should be necessary, it might be done in the circle of his friends.

Application being made at this Institution, I saw the patient at 16 Union Street, in company with other medical practitioners of this city. I found the patient much reduced; he manifested high fever and excruciating, though periodical pains in his right knee, which, he stated, had prevented his sleeping for longer than 5 minutes at a time for several weeks; his agony was so great as to extort cries sufficiently loud to be heard in adjacent buildings. His knee-joint presented all the features of the so-called tumor albus. The circumference of the joint was twice as large as the other, and the tumor was firm and hard, hiding of course all contours of the joint. Under the skin large veins encircled the tumor in every direction. No fluctuation could be felt anywhere, and I became convinced that the joint contained but insignificant effusion, patella loose and movable, as was also the joint. Although the tumor was extremely painful when touched, yet the greater and most violent pain was coincidently produced with periodical spasms, which threw the whole extremity into violent tremor, and bent the leg on the thigh to an angle of about 145 degrees. These spastic reflex phenomena returned at periods from 3 to 5 minutes, lasting but 15 seconds, and allowing a painless intermission of some minutes. Never have I witnessed before nor since such distinctly expressed reflex actions in cases of joint or bone disease, as in the present instance, and they strikingly confirmed the views already expressed with reference to reflex actions, as the true cause of muscular retractions.

I furthermore noticed a signal distension of the articular extremity of the femur, which in fact had twice the circumference of its original normal size; the bone was excessively painful on pressure, and it seemed as if it was softened also.

My diagnosis was osteomyelitis, with bone abscess in the course of formation, located in the inferior extremity of the femur; inflammation of the joint and consecutive enlargement, complicated with a high degree of reflected spasm in all, but particularly in the flexor muscles of the leg.

It being rather late when I saw the patient, I contented myself to fasten the leg in a straight splint, and to make four pretty deep incisions anteriorly into the tumor, and to order a large opiate. On my visit next morning, I learned that he had enjoyed a few hours' rest, the first time after weeks of incessant sufferings. Although this looked encouraging, the patient, nevertheless, was perfectly hopeless as to the benefits likely to be derived from any mode of treatment. He demanded the amputation of the leg as a favor—nay, he insisted upon it peremptorily. Indeed, self-confidence in the efficacy of my treatment forsook me when I looked at the affected parts and considered the condition of the patient. Hence, I earnestly wavered in my mind whether the amputation was not in every respect preferable to a slow course of treatment, that might eventually fail and call for amputation at last. However, I decided that the preservation of a limb, especially in a laboring man, was worth a trial after all; but in order to be permitted to do so, the patient insisted upon the following terms: That if within 5 days his pain should not have abated, and his condition somewhat ameliorated, the amputation should be performed without further delay.

The curative plan proposed was as follows:

1 Division of the flexor muscles of the leg, in order to remove a serious and most painful complication.

3. To bandage up the whole member, surround the knee-joint and the adjoining portion of the femur with adhesive straps, and to imbed the limb in a straight splint.

If this proceeding sufficed to soothe the pain, it was my intention, at a later period, to trephine the lower extremity of the femur, with a view to remove its morbid contents. The first part of the treatment was performed forthwith, and the patient subsequently kept under opium narcosis. The following days passed without a return of the periodical pains pertaining to the spastic contractions of the muscles, which had ceased entirely, and the treatment was therefore carried on for about four months. At the end of two months, the tumefaction had diminished to a third of its original size, the soreness of the affected parts had passed away, the patient's weight was increased 25 pounds, and from that time he resumed locomotion with the aid of a supporting instrument and two crutches. As the improvement suffered no farther interruption, I dispensed with the third part of the curative plan, and discharged the patient. During the year succeeding his discharge, he occasionally presented himself at this institution,

supported only by a cane. He still wore the instrument, and I have since learned that he is engaged in working the sewing machine. I may yet have an opportunity to show you the patient at a future occasion, and then you may hear repeated, from his own lips, the history of this case, and judge for yourselves of the results attained by this treatment.

The termination of inflammatory affections of the knee-joint differs widely, according to the structures in which the disease has settled, or to the extent it has proceeded. Acute inflammation of the synovial membrane most usually ends in fibrous adhesions, connecting both articular surfaces and the patella to the external condyle of the femur; the limb is more or less flexed, and the tibia rotated on its longitudinal axis, with everted position of the foot. This pathological condition of a knee-joint is comprised under the term of spurious ankylosis, which, under all circumstances, permits a certain degree of motion.

If, however, both synovial membrane and articular cartilages have been involved and partially ulcerated, we find a different state of things, namely, the partial formation of fibrous tissue in the joint along with insular bony union. Such a case is illustrated by No. 969 in the Hunterian Museum of the R. C. S., England.

Or synovial membrane, cartilage, and bone have been collectively involved in the morbid process, and then we find a total bony union of both articular surfaces so complete, that on longitudinally dividing the bones we may fail in detecting even the original articular marks. Such specimens are, however, comparatively rare. If the periosteum is exclusively the seat of disease, it will frequently give rise to the formation of osteophytes, interlacing the joint externally to its cavity.

From the limited mobility, we may infer that an ankylosis is a so-called spurious or fibrous one. It does not, however, follow that an immovable joint is truly ankylosed by new-formed bone, and we have, therefore, to admit a third or mixed form of ankylosis.

The discrimination of the various forms of ankylosis is of the utmost practical importance, deciding, as it does, the operative proceeding. It is not, however, always *à priori*, possible, and without an attempt at forcible breaking up (*brisement forcé*) an ankylosed joint and deformed member, to discriminate the different forms of ankylosis, as the following instance will exemplify:

Dr. Moses, one of the surgeons of the Jew's Hospital of New York, courteously invited me, some two years ago, to witness Dr. Buck's

operation in a case of presumed true ankylosis of a knee-joint. That gentleman stated that two eminent surgeons had examined the case thoroughly, and that the diagnosis was, therefore, unquestionable. I suggested it as possible, that the immobility of the joint might be caused by a very slight bony union, and perhaps even by some small osteophytes, extraneous to the joint. This induced Dr. Moses to attempt brisement forcé previous to Dr. Buck's operation, which attempt proved perfectly successful, though I convinced myself in that case that there was not the slightest degree of mobility.

We need not dwell upon the treatment of true ankylosis as known by Drs. Barton and Buck's operations, for they are universally known, and I have not any new feature or improvement of those well-calculated operative proceedings to suggest. All it is proposed, is to illustrate the treatment of spurious or mixed ankylosis of the knee-joint, as connected with the case of Mary Ryan.

The treatment of spurious and mixed ankylosis with contractures of limb, is comparatively of recent date, though attempts to remove these impediments of locomotion may be as old as surgical knowledge. We already find mechanical apparatus constructed by Fabricius Hildanus, Hans Gersdorf, Ryff and others, with a view of gradually stretching the ankylosed and contracted extremity. Yet the experience of those gentlemen seemed to have been of a very discouraging nature, and we must, therefore, not be surprised to see such proceedings discountenanced by contemporary surgeons. Previous to the discovery of subcutaneous tenotomy, by Dr. Strohmeyer, the treatment of such cases was hardly entertained, and attended mostly with discouraging results; but since then, great improvements have been effected, much suffering allayed, and deformities removed that were obnoxious to both social and business life.

With Strohmeyer originated the method of gradual extension. He did not conceive any other obstacle in removing such deformities than the shortened muscles, which he divided; he became, however, soon aware that the muscles constitute but one portion of the resisting difficulties; his curative results were, therefore, by no means as satisfactory as he had anticipated, and it became evident that his method was deficient. A few years after the introduction of subcutaneous tenotomy, a young physician of Paris, Dr. Louvrier, had the boldness to perform the brisement forcé of false ankylosis of knee-joints, with and without previous tenotomy of the flexor muscles. The novelty and boldness of his proceedings produced a great sensation, and the

Royal Academy of Medicine appointed a committee to investigate the results of Dr. Louvrier's method. Their report severely condemned it, on account of its violence, danger and uncertainty. It does not seem that Louvrier's method had acquired any ground, either in France or in England; whereas, in Germany, Dieffenbach eagerly took hold of that operation and performed it in a considerable number of cases. But, on the whole, he attained but meagre results, while some of his patients, after fearful sufferings, lost their lives. Being at that time a student of Prof. Dieffenbach, I had a fair opportunity of observing how disheartened he felt with reference to this operation. The greatest change of the curative results in the treatment of these cases has been wrought by the introduction of chloroform. It not only removes all horror and pain from the operative proceeding itself, but its beneficial effects chiefly consist in preventing that much dreaded inflammatory reaction in the joint after operation. With chloroform, the operation upon ankylosis spuria has become a comparative surgical trifle for both surgeon and patient, and it is now being performed all over the civilized world. Surgeons differ still, as to the choice of the method, some preferring the slow process of gradual extension, whilst others recommend the more expeditious one of brisement forc , of Louvrier. They are also at variance whether to divide the tendons of the flexor muscles, or to ignore them. The preference of one or the other has led to the establishment of different maxims. Thus, for instance, Prof. Langenbeck, of Berlin, (*de contractura genu et ankylosi genu*,) relates several cases in which he performed with perfect success the brisement forc , without any division of tendons, whilst Lorinser, of Vienna, with the help of chloroform and a partial brisement, resorts to Strohmeyer's method. It is of no small interest to compare the arguments of those gentlemen with each other, and with facts derived from their and other modes of treatment.

The different anatomical difficulties with which we may have to contend singly or collectively in the treatment of mixed and spurious ankylosis of the knee-joint, complicated with angular deformity, are—

1st. Osteophytes.

2nd. Scattered points of bony union between the articular surfaces.

3d. Pseudo-fibrous structure, connecting both opposite articular surfaces.

4th. Rigidity of articular ligaments, caused by organized inflammatory exudation around their tissues.

5th. Dense fibrous tissue, forming cicatrices around the joint, and rendering the soft parts firm and unyielding.

6th. Retractions of the flexor muscles, to which occasionally may be added a tense condition of the external dnplicature of the vagina femoris, through medium of the vastus externus muscle,

7th. Alteration of the articular surfaces.

It is self-evident that first and second numbers cannot be reached by gradual extension, but demand forcible measures. With reference to the third form, it should be borne in mind that fibrous tissue, the result of plastic inflammatory exudation, is extremely dense, firm, and unyielding, possessing but a very limited amount of elasticity. It follows, therefore, conclusively, that the resistance of such tissue within the articular cavity cannot be overcome by gradual extension, but must be torn from its connections by sudden and forcible stretching. The dense fibrous tissue of scars is a less serious obstacle to gradual extension. The elongation thus obtained, however, is more to be ascribed to the gradual relaxation of the healthy tissues surrounding scars than to any change effected in the scars themselves. Cicatrices in the neighborhood of joints, and consequent upon joint diseases, extend mostly from the surface to the deeper parts, at right or acute angles; such as run across from one side of the joint to the other, are extremely rare, and if present, may materially impede the progress of treatment.

In the present state of our knowledge, it is considered doubtful whether ligamentous structures are ever subject to inflammation; if not their elastic properties cannot be changed by any such process occurring in their neighborhood.

Nevertheless ligaments may become distorted by new formations of fibrous tissue upon them; yet they return to their proper shape and position when the obstructions are removed by extension.

In reference to the retractions of muscles, I must call your attention to the facts elicited by pathological anatomy. It has been clearly proven by minute research, that muscular structures, which have been kept retracted for a length of time by morbid innervation, usually become converted into fibrous tissue, with more or less perfect loss of their vital contractility. This pathological feature entirely governs the operative proceedings, for if retracted muscles have undergone this change, they cannot yield sufficiently under the influence of chloroform and gradual extension, but firmly resist; and if the surgeon should succeed in straightening the limb whilst the patient is under the influ-

ence of chloroform, the retraction will return at a subsequent period. This at least is my experience in a conclusive number of cases. Moreover, I have at a prior occasion submitted to your attention three cases, which must have convinced you that the retractions of muscles bear a different pathological estimate, as hitherto premised.

Those surgeons who are in favor of not dividing retracted muscles, maintain, that they preserve thus their power and utility for the purpose of locomotion. This argument would be well enough if it could be sustained by practical issue. On this very ground I have to repudiate it. It is self-evident, and requires no further comment, that a muscle, having undergone fibrous degeneration, is more or less devoid of its muscular contractility and is therefore capable of no relaxation. The small amount of elastic extensibility of such tissue is, in most cases, insufficient for the purpose in view. In the case of Mary Ryan, this morbid contraction has been in existence for 17 years consecutively, and it can therefore be scarcely assumed that the structure of the flexor muscles in the affected extremity should have preserved its normal condition.

Premising, however, for the sake of argument, that the muscular structure was still existent, and therefore in a condition to resume its function at the moment that the limb had been extended, it is exceedingly doubtful, in the first place, whether it will yield the amount of length required, or whether the yield under the influence of chloroform will continue; or, in fine, whether reactions in the joint will not be favored by putting those muscles on the stretch. The advantages to be derived from non-division of retracted muscles are, therefore, doubtful and questionable, whilst it may be the cause of great inconvenience, pain and failure, and even more dangerous consequences. On the other hand, I am pretty much satisfied that tenotomy does not materially disqualify divided muscle for its functional performance.

From physiological considerations, therefore, and collected facts, derived from practical experience, I have naturally come to the conclusion to divide, as a rule, the tendons of all muscles that resist the intended extension of any angularly deformed extremity; and since the adoption of this plan, I have decidedly been more successful in the treatment of such and similar cases. The earlier this is done, the better are the effects for the whole leg and its usefulness; the longer a limb is permitted to remain in that distorted condition, the more it will suffer from atrophy; and you perceive, therefore, in Mary's case that not only the circumference, but also the length

extremity is deficient, and we shall be obliged to make up for the latter deficiency by a very thick sole, in order to equalize its length with that of the other limb.

Adopting the plan adverted to in Mary Ryan's case, you will have ample opportunity to witness the various acts of the proceeding.

1st I shall divide the flexor muscles, including also the tendinous string of the vagina femoris. A narrow but strong blade is the most available form for the tenotome; whereas it is indifferent whether its cutting edge is straight or slightly curved. Most surgeons divide the tendons from within to without; I prefer the reverse, at least with reference to the popliteal space and the division of the sterno-clavicular tendon of the sterno-cleidomastoid muscle, in order to render the operation both thorough and safe; you have thus perfect control over your knife; on inserting it upon the external surface of the tendon, you notice most distinctly the moment when division is completed. In order to render this operation perfectly harmless, you have to watch that no air should enter the wound; secondly, not to draw the knife too rapidly, but rather to press it through the tendon; and in fine, in dividing, the extension should be made as great as possible, in order to lift up the tendons from subjacent important parts. After carefully closing the wounds, you proceed to:

2nd The forcible extension, or as it is called by a French term, *brasement forcé*. The object of this act is to break up bony and fibrous impediments, and to bring the limb at once in a straight position. To accomplish this object, more or less physical strength is necessary. *Louvrier, Manget, Bouchet, Delpach, Bonnet*, and other French surgeons, have constructed mechanical apparatus; but the hand of the surgeon, well aided by competent assistants, is all that is needed for the performance of that operation. In preferring the hand to odious-looking instruments, the surgeon can control far better the amount of power that is required, and guard more against accidents.

As this portion of the proceedings is the most painful, the chloroform anaesthesia should be complete when performed, with the view of protecting the patient both against pain and the much dreaded local reaction. The latter effects of chloroform cannot be questioned, since they have been realized by many surgeons in hundreds of cases.

Preparatory to the forcible extension, *Palasciano*, and after him *Bonnet*, have suggested the division of the triceps muscle above the knee joint, in order to facilitate the separation of the patella from the external condyle of the femur. This, however, is in most instances

entirely superfluous, as the patella most usually becomes movable by the act of forcible stretching. The division of the triceps muscle should, therefore, be reserved for such cases in which the patella does either not yield at all, or in which it occupies a position (*fossa intercondyloidea*,) that interferes directly with the consummation of the operations.

The patient should lie on his back whilst the forcible extension is being performed, an assistant fixing his pelvis, another taking hold of the foot, whilst the surgeon places his hands upon the ankylosed knee. Whilst the assistants simultaneously extend and counter-extend, the knee is being pressed down, which under ordinary circumstances is easily done. If there is any suspicion of bony obstacles, the extension should be performed with a sudden jerk; sometimes it requires a considerable amount of physical strength; at others a few pounds of extension and pressure will succeed in straightening the limb.

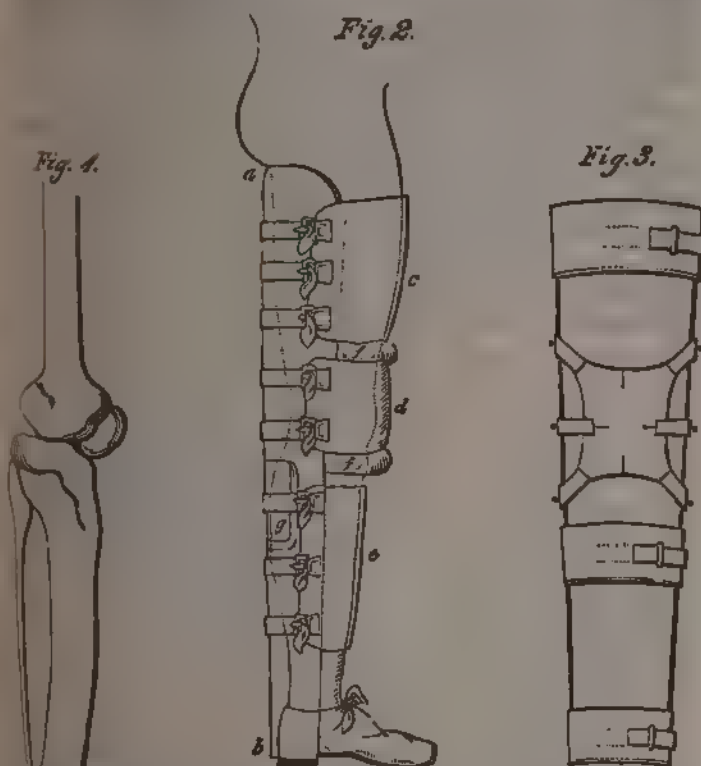
Occasionally you may straighten the limb to an angle of about 130 degrees, and beyond that you may meet with resistance. This may or may not be overcome by continual extension; it should, however, be borne in mind, that this resistance is sometimes due to undivided and retracted muscles, and if so, they should be subsequently cut.

Before bandaging up the affected limb, repeated flexion, extension and rotations of the leg should be made, in order to remove the last traces of pseudo-fibrous tissue.

In some instances, more especially in such where the retractions of muscles have not been completely removed by the knife, or where collateral obstacles remain, being cicatrices or ligamentous, etc., the forcible extension may occasionally produce a posterior subluxation of the tibia on the femur, with the effects of pressing upon the popliteal nerves and vessels, and thus paralyzing the extremity downwards. The adjoining diagram, (fig. 1,) illustrates this relative position.

In the moment you notice it, (which you may by the malformation of the knee, and the patient complaining about numbness in the leg and toes,) you should at once proceed to improve the position, either by removing the restrictions, or by bending the leg over a large but firm roller, which serves as the fulcrum for the lever of the leg, and mostly produces the desired effect. The rest of the operation consists in applying an expulsive bandage upon the leg, in firmly and equally surrounding the knee-joint with adhesive straps, and in placing the operated member into a straight and well-padded splint, (fig. 2,) in which it is fastened by circular tours of a roller.

This is the whole of the operation, which sometimes, however, requires to be modified.

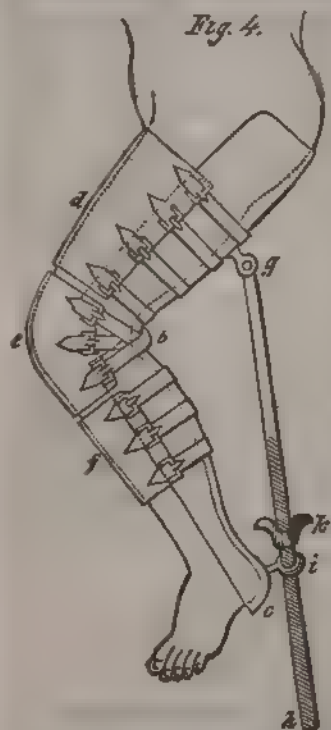


The patient, thus fixed, is taken to bed and kept under opiates the ensuing 24 hours, which is done with a view of preventing both pain and reaction. The latter has occurred in my practice but a few times, and it was invariably due to the neglect of dividing all retracted muscles; the subsequent division of which proves, therefore, a better antiphlogistic remedy than leeches, ice, and mercurials collectively. If no pain indicates any trouble of the patient, I do not remove the bandage before the third day, and only then with a view of ascertaining the condition of the wounds. The extremity is again dressed in the same manner as before mentioned, and the splint replaced.

In a fortnight the supporting instrument (fig. 3,) is applied, and the patient permitted to walk; should the deficient length of the extremity render it necessary, a higher soled boot is resorted to, to make

up for the deficiency. A month or two after the operation, a flannel bandage may be used for the knee joint in the place of adhesive straps. Most patients are satisfied with a straight and stiff limb, but if they should desire it, and the condition of their joints permit it, gradual flexions and extensions may be instituted, and so long continued until a sufficient degree of articular mobility is re-established. If after the operation some fibrous adhesions of the joint should have been reformed, it may be advisable to break them up under the influence of chloroform, and to disturb their reformation by constant motion. This proceeding is, however, advisable only if there is no inflammatory trouble to contend with; otherwise it should be deferred to such a period in which it could be safely done.

The motions of the joint may be made either by the hand, or by the apparatus before you, (fig. 4.)



In this more or less modified manner, according to the individual character of the case, I have, up to this day, successfully treated 124 cases. Among them were some of long duration, of great obstinacy and distortion. Most of them had been under charge of competent surgeons, and some had been attended by the most prominent men of our profession. This statement is made without any intention of passing censure upon my medical colleagues, nor for self-arrogation; it is made for the purpose only, to bring in statistical high relief the soundness and greater practical efficiency of a treatment that is not as yet sufficiently known among us, and that commends itself to the consideration of every surgeon.

Violent and rough as the operation of brisement forcé may appear to the uninitiated, it is nevertheless almost entirely free from those accidents of which many works on surgery loudly speak. The number of surgeons engaged in the performance of this operation, and the

number of cases operated upon, is decidedly large enough to solve that point, yet I have hitherto in vain perused the surgical records for accidents of the stated nature. Arteries or veins, and nerves, may be ruptured, particularly if they have been rendered brittle by atheromatous deposits. But as those operations are chiefly performed upon juvenile patients, in which atheromatous degenerations are hardly known it sufficiently accounts for the absence of such accidents.

Among the patients under my care, I had but one disastrous result, owing, I believe, as much to the shock caused by the chloroform upon the system of the patient, as by the operation itself. The case relates to a negro of Demopolis, Ala., who had been afflicted with a contracture of his flexor muscles, and a limited degree of spurious ankylosis of his knee-joint, for more than thirty years. Drs. Asche and Raffin, in whose presence the operation was performed, will bear evidence, that the case in question belonged to the most obstinate ones a surgeon may encounter.*

* Since the delivery of this lecture, among other successfully treated cases, I have met with a serious accident of so rare and unique a nature, that it should not be passed over without being related. For an unsuccessful case may convey by far more instruction than 20 successful ones. On this very ground, I consider myself in duty bound to publish that case, in order to benefit and guard those of my medical brethren who may follow me in the performance of the operation.

Patrick Feeney was received into the Long Island College Hospital, and placed under my care on the 4th of January last. He was a youth above middle age of feeble and anæmic appearance, and rather slender, though otherwise healthy. Being employed for some years at a manufactory in treading a wheel, he had overstrained his right limb, was consequently attacked with an inflammatory affection of the knee joint, which subsequently gave rise to angular deformity with impeded mobility. The extremity was bent in an angle of 105 degrees and the motion of the knee-joint limited within an angle of 30 degrees. In this position the posterior surface of the condyles of the femur rested upon the tibia with which they were connected by fibrous neoplasms. The patella was retained within the intercondyloid space and was slightly movable. All flexors were retracted and tense.

The patient desired to be relieved from his deformity, and the operation was consequently performed upon him in the presence of the medical and surgical staff of the hospital, joined by some medical gentlemen connected with other public institutions. The patient was put under the full influence of chloroform, the flexor muscles divided, and the limb first bent and subsequently extended; the amount of physical strength required in this instance was, to all present and myself surprisingly small; the extremity was then bandaged in the ordinary way and the patient removed to his bed.

For three days he was doing fairly. No reaction ensued in the joint, nor did

I may be permitted to adduce to my lecture the history of another case, which is of the highest surgical interest and importance, at the same time linked together with the subject under consideration.

the patient complain of any inconvenience. When on the 3d day the dressings were removed, some sloughing in the immediate neighborhood of the wounds was noticed, but ascribed to a moderate ecchymosis and the bad constitution of the patient. During the subsequent four days the sloughing increased, embracing almost the whole integuments of the popliteal space. A line of demarcation and granulations were forming on the 8th day, but denuded bone was also noticed in the depth. Owing to the considerable drainage upon the system of the patient, and most probably consequent upon putrid absorption, the patient, as might have been expected, suffered severely. The safety of the patient depended on the speedy amputation of the limb, upon which my colleagues, and another medical gentleman of great experience and surgical sagacity, agreed. The operation was performed in the middle of the thigh, and so quickly that but about two ounces of blood were lost.

Though the patient seemed to rally after the operation, yet he never got free from an æsthetic typhoid fever, that terminated his life on the twentieth day



Fig. 5.

after the amputation, the wound being then almost closed. The adjoining diagram (fig 5) shows the pathological condition in which the interested bones and the joint were found. But one side of the adhesions, namely, between the external condyles, had yielded, whilst the fibrous structure between the external condyles of the joint had firmly resisted the forcible extension; the patella was found quite loose. The apophysis had become disconnected from the diaphysis of the femur; periosteum having been destroyed posteriorly upwards to the middle of the thigh bone, and in the remaining portion attempts were being made at the formation of new bone. The denuded portions of the bone are porous and rough from the maceration in pus.

A large proportion of these patients I have treated, in cases like the present one, were children, in whom bony union could not have taken place between the apophysis and diaphysis of their respective bones; and though I had in some instances employed three times, and even more physical strength, to extend the limb, yet neither I, nor to my knowledge any other surgeon, has as yet met with a similar accident.

The key to the understanding of the said accident may be simply found in retarded development and puberty of the patient in general, and protracted solidification of the synchondrosis between the respective portions of his bones especially, whilst on the other hand the neoplasms between the articular surfaces of the knee-joint were of a very firm and strong organization. The accident, with other words, is therefore due to physical disproportions between the union of the thigh bone on one side, and the pseudo-union of the joint on the other.

A young gentleman, resident of Brooklyn, 21 years of age, of anemic and feeble appearance, limped on two crutches into my office on the 21st day of October, 1856, and stated, that at the age of 11 years he suffered from a traumatic injury upon his left knee-joint, followed by a moderate inflammatory affection, extending over a period of three years. The affection, however, being not very painful and causing no deformity, did not seriously interfere with his locomotion. Repeated falls upon the said joint, and a blow with a hammer, increased the disease of the joint to such a degree as to render him incapable of walking about, unless supported by crutches.

On examination, the affected extremity presented the following appearance: knee-joint immovable; patella adhering to external condyle of femur; knee-joint bending inwardly (knock-kneed,) and forwardly, with rotation of the leg and eversion of the toes; the external circumference of the joint somewhat swollen and excessively painful; the flexor muscles extremely tense and shortened, their tendons raised from the bone. In front of and superiorly to the knee-joint there was an even and oval distinctly circumscribed tumor, 9 inches in length and about 4 in breadth; its lower extremity terminating about the superior insertion of the capsular ligament of the knee-joint; its upper one ending about the middle of the thigh. The tumor was evidently located below the vagina femoris, and was to the feel of very hard structure; the triceps femoris was displaced and located on the left side of the tumor.

The diagnosis of the tumor was to me a difficult task, presenting, as it did, some symptoms of chondroid or fibrous tumor, and in other respects that of an encysted liquid, being even and circumscribed. An abscess it could not be, for the subfascial collections of pus assume, by necessity a diffused form, though the firmness of the tumor would not have excluded that diagnosis, as it is well known that the unyielding and firm texture of the fascia constantly obscures fluctuation, and thus endowing every collection of liquid with the character of a hard tu-

It cannot be denied, that this accident might have been evaded by postponing the operation, and by putting the constitution in proper condition; and the experience once derived from this case, will exercise, for all future, a sufficient influence of my surgical proceedings in like cases.

Yet in defence of my action, I may here state, that it is impossible for any surgeon to ascertain, *a priori*, whether synchondrosis is still extant between the shaft of a bone and its apophysis; whether there is any disproportion in the physical resistance of the former or the pseudo-fibrous structure of an ankylosed joint. Every surgeon has therefore to trust to chances, more or less.

mor. In feeling over the whole surface of the tumor, I discovered indistinct fluctuation at a very small spot, not larger but what it could be covered with a finger's point, perhaps the aperture of a passing vein; and to render my diagnosis of *hydrops bursæ subrectalis* still more definite, I introduced an exploring trocar, and fourteen ounces of a yellowish pellucid semi-gelatinous and soapy fluid were abstracted, presenting no organized particles under the microscope—containing, however, large quantities of albumen and some alkalines. This fact elucidated at once the whole pathological complication of the malady, which I conceived to be as follows: the original injury produced most probably bursitis of a low character, which could exist for years without materially incommoding the patient; but repeated accidents increased the effusion to such an extent, that the bursa became so much distended as to assume the physical character of a roll, over which the triceps muscle was acting prejudicially to the joint. Each contraction of said muscle physically strengthened by the bursa, (as a roll of course,) threw the knee-joint inwards, (knock-knee,) strained the internal ligaments, thus giving rise to inflammatory action in the joint, which terminated its mobility by fibrous adhesion. As the weight of the body traversed the joint in a diagonal direction, overburdening chiefly the internal ligaments of the joint, the latter remaining sore, and in order to obviate pain, the patient had to suspend the limb and to resort to the use of crutches.

Since the diagnosis had been clearly made out, the treatment could meet with no extraordinary difficulties; I divided the flexor muscles and performed brisement forcé, the patient being at the same time under the full effects of chloroform. The extremity was then well bandaged and placed in a straight splint. No reaction whatsoever followed the operation, but on the contrary, the patient felt greatly relieved by the reformation of his limb, and the pain had almost entirely subsided from the internal circumference of the joint. This treatment was continued for some months, and a gentle pressure exercised upon the bursa, yet by this time a re-collection of fluid to the extent of a few ounces had again taken place. In order to relieve the patient radically, I injected the bursal sac with a diluted tincture of iodine, which gave rise to a most violent bursitis, terminating in supuration. The latter continued for many months through some fistulous openings, but gradually ceased. At the present time, the previous bursal sac is firmly closed up, but the triceps muscle had lost its bulk and contractility, and therefore no attempts have been made at re-es

lishing mobility. The extremity, however, is perfectly straight, and can be used without any pain or inconvenience whatsoever. The patient still wears a supporting instrument, besides using a cane. The case has been seen by some of our most prominent surgeons, and engaged their greatest interest. If the patient relates it correctly, his case was pronounced "white swelling," and amputation deemed advisable; so that the result of my treatment may be looked upon as a satisfactory piece of conservative surgery.

The adjoining diagrams represent a general outline of the previous and present form of the limb.



PHILADELPHIA HOSPITAL, BLOCKLEY,
February 12th, 1858.

DR. JAS. MCCLINTOCK, *Chief Resident Physician.*

DEAR SIR—It is, as you are aware, one of the regulations of the hospital, that a peculiar official register and record should be preserved in the Obstetrical Ward. In a conversation recently, you remarked that some useful hints might be extracted from this register, and acting upon the suggestion, a retrospect has been made of the past year. The talismanic countersign of the present day is "*Progression*," and medicine, as a science, must co-operate with its sister sciences in yielding homage to the spirit of the age. The obvious duty of every physician, renewed or obscure, simple or great, is to cast into the common treasury of medical knowledge such facts as circumstances or position may bring under his immediate cognizance. From an accurate collation of these may be deduced such conclusions as tend to substantiate or confute ancient theories, develop embryotic ideas, or act as basis of hypotheses yet to be given to the medical world. Acting under this impression, the following statistics have been gleaned from the obstetrical practice of last year. If they will be of any service to yourself, sir, or others, the compiler feels himself abundantly rewarded.

There were, during the year 1857, two hundred and sixteen confinements. By regulation, each assistant resident receives a case in turn, and thus the entries have been made by eight different individuals. But, in all affairs of importance, a common standard has been agreed upon, and under this standard have the cases been noted.

Of the different classifications of the foetal cephalic extremity during labor, we have adopted the six positions of Bandelocque and Dewees. A recapitulation of these would be obviously superfluous. Below is presented a table of various presentations and positions, in which it will be perceived there is a column marked "*not noted*." These cases are those in which the child has been born before the physician summoned has been able to reach the scene of action. In some of these cases the presentation, and not position, has been noted, and in others neither have been taken into account.

Presentation.	First.	Second	Third	Fourth	Not stated.	Total.
Vertex	132	17	5	8	15	177
Face .....	..	..	1	1	..	2
Breech	2	1	..	..	..	3
Foot .....	..	..	..	..	1	1
Twins .....	..	..	..	..	5	5
Not noted .....	..	..	..	..	27	27
Total	134	18	6	9	48	215

In the foregoing table the presentations of the twin-labors are not given. They are as follows :

- | | |
|-----------------------------------|--------------------------------|
| (1st.) Breech 1st and Breech 2nd. | (3d.) Vertex 3d and Vertex 2d. |
| (2d.) Breech 4th and Vertex 1st. | (4th.) Breech 2d and Shoulder. |
| (5.) Vertex 1st and Vertex 4th. | |

From the table as laid down, we find the per centage to be thus :

Vertex 1st.....	61.4 per cent.	Face 3d.....	0.5 per cent.
" 2d.....	7.9 " "	" 4th.....	0.5 " "
" 3d.....	2.3 " "	Breech 1st.....	0.9 " "
" 4th.....	3.7 " "	" 2d.....	0.5 " "
Vertex.....	6.9 " "	Twins.....	2.3 " "
Foot.....	0.5 " "	Not noted.....	12.6 " "

It is much to be regretted that in such a large per centage of cases the accoucheur was unable to note the presenting portion of the child.

The length of gestation has varied from 9½ months to the abortion of 4 months, and is thus laid down:

	Cases.
9½ months.....	2
9 ".....	189
8½ ".....	4
8 ".....	12
7½ ".....	1
7 ".....	2
6½ ".....	1
6, 5½, 5 and 4 months, each.....	1

The average length of gestation we find to have been 8 months 25 days, computing the month as having thirty days.

Of the 7 months' children, one lived four days. The 5 months' child lived about 24 hours, and during that time ate voraciously, but the powers of life were too feeble, and its ephemeral existence closed during a calm slumber.

The cause for no abortion or miscarriage appearing under 4 months, may be presumed to be that few women are admitted earlier than the fourth month of pregnancy.

Necessarily the length of time during which labor-pains were actually present, varied much, but the extremes may be given as below:

Longest Labor continued.....	69 hours.
2d ".....	49½ "
Shortest ".....	30 minutes.
2d ".....	40 "

The average length of the whole 215 cases was 10 hours and 12 minutes, or 10 1-5 hours.

The attention of the profession has been drawn, by an admirable article from the pen of Dr. Reese, of New York, to the alarming increase in the number of still-born children, as annually exhibited by various health statistical tables. Of the cases now under consideration, we find that 16 children, or 7.4 per cent. of the whole, were still-born. The list, as below, explains itself.

Full term and no cause assigned	8 or 50	per ct.
" " " mother syphilitic	2	" 12.5 "
7½ months, utero-gestation	1	" 6.25 "
7 " " "	1	" " "
6 " " "	1	" " "
4 " " "	1	" " "
9 " and Placenta Prævia	1	" " "
Child and Placenta delivered together	1	" " "

In some of the above cases we have abundant grounds to consider that criminal measures had been resorted to, in order to destroy the vitality of the fœtus. This, of course, had been done before entrance into the house. In other cases we could obtain no conclusive proofs, but our suspicions were strongly aroused. As a large portion of the candidates for maternity were single women, and some unable to obtain legal reparation from the other party, thereby compelling them to support their illicit offspring, it may readily be perceived what great temptations ever present themselves to the frail ones to resort to criminal measures, facilities for which are so leeringly offered by the dastardly, vile and unprincipled miscreants who pollute our community.

In reference to the sex, the record shows that the usual disparity prevailed here also, for we find

Number of females born	117 or 54.2	per ct.
" " males "	99	" 45.8 "

Great diversity appears in the registration of the weight of the children at birth. For example,

The largest (still-born)	13½	lbs.
" 2d " (living)	11½	"
" smallest, "	2½	"
" 2d " "	3	"

Computation shows the average weight to be 7 4-7 lbs. The child weighing 2½ lbs. is now a thriving babe of six months, and as large as ordinary children of that age.

The accidents, complications, &c., attending labor were few.

In one case, very severe hæmorrhage the day preceding labor.

In 5 cases, very profuse hæmorrhage followed delivery.

In on one case, child and placenta delivered together. Child dead and decomposition in progression.

In 4 cases, adherent placenta.

In one case, slight rupture of perineum.

In but two cases were the use of forceps required.

In one case, cord wrapped four times around neck. In another, cord twice around neck, and looped tightly around right leg about malleoli.

The only case approximating to defective formation is reported as follows:

Child fully formed except back part of head, which was deficient. The whole of occipital and part of parietal and frontal bones were absent, and a black, liver-looking mass supplied their place. The posterior portion of the head presented a flat surface extending from the nucha to the orbital process of the frontal bone. *Lived 15 minutes.* Mother says she received a fright from some scenic representation at Walnut Street Theatre. Query, was *this* the cause of deformity?"

The statistics as above given are the most prominent ones of any medical interest or importance. Appended are a few items which are furnished merely from curiosity, and not from any idea of their value.

The births during the different months were apportioned as follows:

January.....	11	July.....	25
February.....	18	August.....	17
March.....	30	September.....	8
April.....	21	October.....	19
May.....	13	November.....	17
June.....	15	December.....	21

The greatest number (30) in March.

" least " (8) " September.

" average " per month, very nearly 18.

The eldest woman confined was 47 years of age.

" youngest " " " 16 " "

The average age was found to be about 24 years, although of course many fell below this.

The number of deliveries between the hours of 7 P.M. and 7 A.M., were 91, being about 42.3 per cent. of the whole. Truly a "large and solemn" proportion to the disciple of Esculapius, who loves

"To wrap the drapery of his couch around him,
And lie down to pleasant dreams."

From the contemplation of this melancholy truth, one turns with feelings too sad for utterance, and the "mournful complaint" is,

"I prithee, pen, thy gloomful croaking cease."

It may be, sir, a matter of gratulation that some check has been placed upon our statistical mania, and that your patience shall be relieved.

Allow me, with apologies for prolixity, to subscribe myself,

Very respectfully,

GEO. J. McLEOD,

Assistant Resident Physician.

SELECTIONS.

MEDICAL SCHOOLS.

By S. C. NORR, M.D., Professor of Anatomy in the University of Louisiana.

Having been recently called to the professorship of Anatomy in the University of Louisiana, my mind has, necessarily, been attracted more closely to the subject of medical education; and with the view of posting myself up fully in all the latest improvements for teaching anatomy, and of comparing the advantages and disadvantages of various points, I have occupied the past summer in visiting many of the more prominent schools in the United States.

The present number of this Journal is about going to press in a few days, and although I have been but twenty-four hours in the city, and have much else to occupy me in making arrangements for a change of residence, I have promised the editors that I will throw together, hastily, the impressions which have been made on my mind, hoping at some future day to return to the subject more in detail.

It has been a prevailing idea, that the climate of New Orleans and other southern cities is an insuperable barrier to the full success of medical schools, and I confess that this prejudice has been very strongly rooted in my own mind. Though familiar with the fact that the history of medicine from the earliest epoch to the sixteenth century belongs almost exclusively to hot climates, yet the medical schools of temperate latitudes in our day have so far outstripped the ancient seats of learning, that I had begun to think that the scene of science, as of political power, had passed into the hands of the northern people who have of late been governing the world.

When I turned to the cause

of the subject, and analyzed the schools, I soon found that they

was something at work more baneful than *climate*, viz., misrule and indolence. Egypt was the most ancient seat of medical science, both before the conquest of the Greeks and during the existence of her famous Alexandrian school. If we follow the map around the Mediterranean Sea, we find that the march of medical science for ages was still exclusively through southern climes—Arabia, Greece, Rome, and in the middle ages, Italy, in succession held all of medical science known to the world. But the beastly Turk in Egypt, Arabia and Greece, and the despotic Austrian in classic Italy, have crushed out not only medical, but every other department of science and literature. If there are no Hippocrateses, Galens or Celsuses—no Homers or Virgils—it is not because genius is extinguished in these races, but is because despotism has placed its foot on mind and body too.

The great difficulty, to my mind, against which southern schools had to contend, was the difficulty of pursuing dissections during our mild winters; for not only is the putrefaction of bodies disgusting and unwholesome, but it is inimical to the successful pursuit of dissection. For, without the aid of antiseptics, a body will keep in Boston during the winter, a month, while in Charleston or New Orleans there are times when you could not work on one for a week.

Anatomy is the groundwork of the science and art of medicine, and other things being equal, the student should always seek that school where anatomy is best taught. It is vain to talk of learning physiology, pathology, surgery, obstetrics, or practice of physic without anatomy, and it is infinitely better to have no doctors at all than to have incompetent ones.

Those climates and those localities alone, which afford the fullest anatomical advantages, can meet the requirements of the profession; and the student who is really conscientiously seeking to prepare himself for the arduous and responsible duties which await him, should keep his eyes steadily on this point, and not be gulled by newspaper puffs, circulars, and false promises. I repeat to the medical student, if you desire to effect anything useful or noble in our profession, go where you can learn thoroughly anatomy.

My doubts are now entirely removed with regard to the appropriateness of the climate of New Orleans for anatomical investigation, for we can preserve bodies perfectly in any weather, an indefinite period of time. I have just returned from Philadelphia, where I have received from my obliging friend, Professor Leidy, much valuable information, and seen bodies preserved during mid-summer, by means of

antiseptics, as perfectly as they could be by the climate of Moscow or St. Petersburg. I dissected, myself, in the private room of Professor Leidy, a body prepared under his direction, for two weeks, during the hot weather of September, and it was as sound and free from putrid odor the last day as it was the first—nay, more, the brain, nerves, and other soft tissues were rendered much more firm than natural, and the rapidity and minuteness of dissection were much facilitated.

No city in the United States can at all compare with New Orleans in point of abundance of material for the anatomical student. We can command bodies for dissection to any extent, at an expense far below any institution I am acquainted with—in fact, at the moderate cost of transportation of subjects to our rooms.

The facilities afforded for clinical instruction in the City of New Orleans are not equalled anywhere in the United States, and surpassed, if at all, by few places in the world. I am writing in haste, and have not time to look up statistics of later date, but have beside me the "Report of the Board of Administrators of the Charity Hospital, for 1850," in which the statement is made that the number of admissions into this institution for the years 1850-51 were respectively 18,476 and 18,420. There has been no change in the administration since that time, and the usefulness and interest of this great establishment have never flagged. The number of patients fluctuates from six or seven hundred up to fifteen hundred; and when we state that it is under the superintendence of such "ministering angels" as the *Sisters of Charity*, nothing need be added to illustrate the internal management of this charity.*

We have already stated that the history of medicine, down to the middle ages, is to be sought exclusively among the people of warm climates; in fact, it was not until the 17th century that Germany, France, and Great Britain began to take an active part in its cultivation.

Although we must gratefully acknowledge our indebtedness to Hippocrates, Galen, Celsus and other great names of antiquity, so great were the prejudices and difficulties which opposed the study of anatomy, that it was not till the sixteenth century that dissections of the human body were common, and it is to classic Italy, with a climate similar to ours, that we must turn not only for the revival of

* The number of medical cases treated during the last year 1854 in the hospital, was about 6,150, the surgical patients numbered 1,400, and the obstetrical cases, and those of special diseases of women and children, about 300. — *Annual Circular Medical Department, University La.*

medicine, but for that solid advancement in anatomy which has laid the groundwork of rational medicine. The schools of Padua, of Pisa, of Rome, and of Florence will long be pointed to as a bright galaxy in our history; and the names of Fallopius, Eustachius, Arantius, Cæsalpinus, Fabricius, Spigelius, Vasalius of Scarpa, Morgagni, Mascagni, Valsalva, Malpighi, Spallanzani, and many other Italian names will stand out in honorable relief as long as medical history is written and read. These laborers, too, have done their work in a climate not more favorable to anatomy than ours, and that without the immense advantages afforded us by modern chemistry in preserving bodies.

The museum of the University of Louisiana is unrivalled in this country. We need only state that, besides numerous models from the best artists in France and England, we have duplicated the celebrated collection of the Grand Duke of Tuscany at the Academy of Anatomy in Florence, which is unsurpassed; the latter collection alone gives more than 350 dissections, representing in detail the whole anatomy of the human system, together with many illustrative models of comparative anatomy.

But there is another view of the subject which should give great weight to the value of southern schools. The fact is well known that the diseases of warm and cold climates differ as much as do their fauna and flora. It has been said that a young man should not go to a medical school with the expectation of learning the practical details of his profession, but simply to ground himself well in those fundamental principles which are to guide him in after-life; and that this kind of knowledge can only come with the routine of a bed-side experience. This is to some extent true, for in reality a medical student, after the ordinary routine of instruction, has learned little more than *how to learn*; but it is absurd to say, other things being equal, that there is not an advantage in a southern over a northern education, to those who are to practise in malarial districts. Those professors who have been for twenty or thirty years treating daily the diseases of the south, should certainly be more competent to instruct southern young men than teachers who have little or no experience with our diseases. I have never seen a lecture or essay from the pen of a northern lecturer on remittent yellow fever that I could read half through, for I could see internal evidence at every step that he was talking of things at second hand, and about which he knew nothing. A northern lecturer would laugh at the idea of a New Orleans physi-

cian attempting to teach him anything about pneumonia, so different is the type of the disease in the two latitudes.

Still I would say to the medical student, go to that school where you can learn most anatomy, physiology and pathology, for these are the groundworks without which a really enlightened and practical physician cannot be made, north or south; and it would be far better to annihilate the medical profession at once, than to fill the country with licensed quacks, who are a curse instead of a blessing to society.

If, then, New Orleans possesses all the appliances for medical instruction in such extraordinary profusion, why, let me ask, can she not rear up a medical school, or schools equal to any in America? It is not my desire to make invidious comparisons, or to say unkind or ungenerous things of other schools. I should despise myself if I could be swayed by such feelings or such motives. The field of science is a Republic equally open to all; and with the population of the United States rapidly increasing, as it is, there will be room enough, and patronage enough for all those schools so located as to have the real substantial advantages necessary for medical instructions. All that should be asked by a school is "day light and fair play," and I for one shall always be ready to give the right hand of fellowship to those who pursue science, not filthy lucre or false fame, but who, like men of honor, are willing to work in the cause of humanity, under the guidance of a fair, gentlemanly and scientific spirit.

New Orleans at this moment affords ample facilities for instructing 1000 medical students; facilities are increasing yearly; and so far from depreciating honest rivalry and emulation, I shall be glad to see it, for the great ends of science and humanity will by such means be the most surely attained.

Why, let me again ask, should not New Orleans become one of the leading seats of medical instruction in the United States? There is but one answer to this question—all depends upon the medical teachers of New Orleans—their energy, industry, and fidelity to the great trust reposed in them; if the schools fail it will be from the indolence, incompetence, and want of character of our teachers.

In this respect we may learn useful lessons from some of our brethren of the North. I have spent a considerable portion of the past summer in Philadelphia, the field of my early professional studies, and I still feel a pride in my alma mater, which has been the mother of medical science in America. I could not but admire the patient and enlightened industry with which this school, with its worthy rival

(Jefferson School) have been laboring on from year to year in the good cause. May they long preserve the high position which they have so nobly earned, and remain as beacons to stimulate our exertions in the cause of science.—*N. O. Medical and Surgical Journal*.

[We cheerfully transfer to our columns the reply of Professor Dickson to our kindly remarks, in a late number of the *Gazette*, upon his paper on Medical Ethics, which appeared in the *Charleston Medical Journal*.]

Medical Ethics and the American Medical Gazette.

Mr. Editor—May I ask the insertion of a word or two in answer to some strictures which have been made upon my paper on Medical Ethics, published in the last number of your Journal?

The able editor of the New York "American Medical Gazette" charges my opinions with "apparent and palpable inconsistency." I think they are not fairly liable to this imputation. They refer to several matters entirely unlike, and occupying ground widely apart. I consider a moral offence as a very different affair from an intellectual error or absurdity; and while I would stamp the former with an indelible denunciation, I might be willing to overlook or excuse the latter. The cases alluded to in my brief essay are so dissimilar in kind, not in degree merely, that the language employed is not in the same sense applicable to them promiscuously. In morals I know, and am bound to know, what is right and what is wrong: there is an inflexible rule to which I may appeal. "*Video meliora proboque*." Even if I am forced, with the ancient, to make the remorseful confession "*deteriora sequor*," I must still pronounce upon all cases of this nature which come before me, and such decision does not imply either pharisaical arrogance or a severe and relentless temper of mind.

The editor, intimating the latter condition as requiring correction, says that he knows of no "unpardonable sin." Such an offence is distinctly enough affirmed in sacred things. In human jurisprudence there are many such. We hang men—we imprison them—we fine them every day for unpardonable offences. So much for ethics. As to intellectual misconduct, on the other hand, having no right to judge or condemn for whatever differences of belief or doctrine, so I do not even to speak of pardoning.

But to reply categorically and in detail. 1. An offender may have the punishment which follows his wrong-doing remitted, and thus, and in this sense and degree only, he may be pardoned, while we still frown upon his criminal course. If we relieve him, upon his repentance and reformation, from the special penalty he has incurred, we are not called upon specially to honor or elevate him. Nay, it is clear that he must not be rewarded for his penitence. With whatever kindly feelings a father may look upon a prodigal son, all others would esteem it a dangerous precedent to purchase and pay for his reformation, and buy him back to virtue. Yet this seems to me precisely what the Editor has aided to do, and maintains to have been rightly done in the present controverted instance. A distinguished appointment to a profitable place in one of the largest and most respectable hospitals in the United States is the *reward of merit* with which an erring brother has been welcomed back to the regular ranks of a profession which had been dishonored by his delinquency.

2. I have suggested that the appointment of a Homœopath as Professor in a Medical College did not make it incumbent on the members of a Faculty, into which he had been intruded by the Trustees, to resign. The case is by no means a new one. In the time-honored school of Edinburgh, where taught Cullen and the Munroes, the Gregories, and Allison, we find Prof. Henderson, a champion of homœopathy, occupying a chair, with Simpson and Bennett, Laycock and Christison as his colleagues. I have never heard it suggested that there was any reason to expect or require the resignation of these elevated representatives of scientific medicine on this account. They hold their places, so far as I know, with the unanimous approbation of high-minded physicians all over the world—certainly with my hearty and respectful approval.

3. If I am right thus far, I cannot be wrong in maintaining the propriety of constant hospital attendance with the Homœopathsists, far as it does not imply co-operation, and absolutely avoids interchanges of patients. Prof. Henderson does hospital duty in Edinburgh. We should not Bennett or Christison prescribe for patients in the same institution. I repeat that I think the service safe and honorable. A Homœopath may be sincere, truthful, earnest, and morally worthy as I or any other man. No one is farther from asserting that I am, and ever have been as to his doctrines and therapeutics. But a difference exists these persons is not admitted to the service proper ground for do

a learned demand that his

"equality and fraternity." We repel the claim, but accord him a cold toleration and reluctant forbearance. We refuse to consult with him for abundant and sufficient reason, without any moral or social condemnation. There is between us no possible middle term or place for compromise, and every patient must select one of the two, to the absolute rejection and exclusion of the other.

4. I have protested "against the readiness with which physicians sometimes lend themselves in aid of malicious or envious prosecutions for mal-practice." I must have expressed myself more strongly than I intended, to have conveyed to my intelligent and courteous commentator the idea that I would object, as he has phrased it, "against all public censures upon medical opinions given before courts and juries." Surely my language will not bear out this construction. I admit fully the obligation to state, when called upon, an honest disagreement, a plain downright dissent, a marked expression of disapproval. I insist, at the same time, upon a nice and considerate delicacy and a prudent reserve. My words are, "I will not deny the duty of interference in certain supposable cases which I must leave to every man's own conscience and sentiment of honor; but I would inculcate the absolute propriety of the greatest delicacy and reserve in the statement of opinions; the positive demand that every one should be allowed 'the advantage of a doubt,' if a doubt possibly exists; and how few cases are free from that possibility! But I do protest against the outcry made so often by those who, having no opportunity for fair and minute examination, yet join in clamor and denunciation; which, whatever may be its effect upon the individual case, cannot fail to be injurious to the character and standing of our profession." This is what I said, and what I am prepared to maintain; and in this position and protest I am confident that I shall be supported by the great body of my professional brethren. I do not intend, nor does my language imply any censure whatever upon such physicians or professors as, thinking and feeling differently, may prefer to shrink from contact or association, in all forms and modes, with Homœopathists or schismatics. What I have laid down is simply that there is no ethical or even conventional necessity or obligation upon them to do so, and that both they and I are free to choose in the premises.

On each of the above questions, then, I conceive that the views I have taken are tenable and correct, and, therefore, cannot involve any inconsistency. Even as to the phrases in which they are conveyed, I am not aware that I could make any change for the better. The

word "conjoint" applied to hospital service with Homœopathists may perhaps be liable to be misunderstood. Yet it seems clearly enough announced that I did not propose to admit any association with them, either in debate or action, but only in place or duty; and this an enforced association, for which we are in no way responsible; submission to which I regarded as a lesser evil than evasion of the contest or comparison thrust upon us by ordained and competent authority.

I am strengthened in this opinion, in addition to the rational arguments that may be alleged in its favor, by the example of our honored representatives in the school of "the modern Athens," the metropolis of Scotland.

Very respectfully, your ob't serv't,

SAM'L HENRY DICKSON.

EDITOR'S TABLE.

THE McCLINTOCK CONTROVERSY.

It was a saying of the good Cotton Mather, that whenever he had performed an act from the purest and most disinterested motives, and under the most benevolent impulses, assuring him of its rectitude, he had for that act suffered the greatest abuse and calumny from the envious and malignant. Such has been our recent experience; many of our "weak sisters and female brethren" in the profession having combined to find fault with us for our course in certifying to the capabilities of Dr. McClintock for the office of Resident Physician to the Philadelphia Hospital. We did so for reasons satisfactory to ourselves, and as our individual act, for which we hold ourselves responsible to nobody; and we can afford to despise and defy any authority, political, ecclesiastical, or professional, which may assume to impugn our act, or arraign us at their tribunal. Our self-justification is found in the fact, undisputed by any body, that our testimony was *the truth*. Had we certified otherwise it would have been *false*; and had we refused to respond to the appeal made to us by authority, it would have been cowardly, as well as unjust. Hence we had, and still have, the clearest conviction of our judgment and conscience that we did *right*, and that any other course would have been *wrong*. It is in this view of the case that we have said at the Academy, and now repeat, that *under the same circumstances*, *ceteris paribus*, we should do *right* again, irrespective of the "regrets" or threats of anybody, and undeterred by any considerations

of popularity or policy, and in full view of all the clamor which has been raised on the subject, could we have anticipated such result.

With this brief statement we would prefer to dismiss the subject, but at the instance of several of our confreres of the public press, whose advice we are not at liberty to disregard, and especially in view of the erroneous and irrelevant matters introduced by the reporters for the newspapers, into which our enemies have dragged this purely professional matter, we have consented to insert in this place a brief synopsis of the whole case, excluding all reference to the outside issues, implicating the character and feelings of others, which have been improperly connected with it, and which we deplore. Here, then, we submit all the dates, and

FACTS IN A NUTSHELL.

1st.—In May, 1856, at the annual meeting of the American Medical Association, held in Detroit, Michigan, Dr. James McClintock, of Philadelphia, was excluded from that body for a violation of the Code of Ethics, he having been for two years preceeding engaged in nostrum vending, and advertising nostrums, contrary to our law.

2nd. Soon after this act of discipline, he abandoned all interest and participation in this quackery, as we regard it, and sought to return to the legitimate profession. He was aided in this effort by many of his old friends, who deplored his fall, and he was elected a member of the Board of Health of his native city, and resumed in an humble way the practice of his profession.

3rd. In May, 1857, a vacancy occurred in the Philadelphia Hospital, by the resignation of the Resident Physician. Encouraged by his political friends, the Guardians of the Poor, the appointment being in their gift, Dr. McClintock became a candidate for the post. A formidable opposition was made to him by the medical profession, urging that he had forfeited his rank, and lost his status, by the act of the Association in excluding him from that body. But his political friends overruled this objection, caring nothing about his relations to the Faculty, and only sought proof that he was competent to perform the duties of the office.

4th.—They therefore applied to a number of gentlemen in the profession, at home and abroad, by letter, and among others to us, distinctly inquiring "whether Dr. James McClintock was qualified by education and experience" for the office he sought.

5th.—We replied, as truth, justice, and humanity demanded, in the affirmative; and this from our personal knowledge of his acquirements.

Similar testimonials were given by others, some of them our seniors and superiors in the profession. All of us being prompted by the same motive, in extending our hand to raise a fallen brother to a position he needed for himself and family, and for which we knew him to be well qualified. Nor did either of us dream of committing an "iniquity to be punished by the judges," or censured by our peers. We were sure that we violated no part of our Code of Ethics, and felt that we were conforming to that "golden rule" which is our "higher law," and which includes all Ethics worthy the name

6th. Whereupon Dr. McClintock was chosen by a nearly unanimous vote, and has ever since been retained at his post, giving in all respects the highest satisfaction to the authorities of that city and the public.

7th.—But the "County Medical Society," which includes the disappointed aspirants for the office and their friends, having failed by public clamor to prevent the appointment, resolved upon resenting it as an "insult to the profession of Philadelphia," and having frightened some of the signers of Dr. McClintock's recommendations in their own city into an expression of "regret," they then turned their attention to New York, in the hope of similar success.

8th.—A letter of complaint was next forwarded to the New York Academy of Medicine, signed by a committee of said society, representing that the editor of this Journal, a "Fellow of the Academy, and a Vice President of the American Medical Association," had recommended the appointment of Dr. McClintock to a high professional position after he had been excluded by the Association from their fellowship.

9th.—Whereupon the Committee on Ethics, to whom the letter was referred, declined to proceed otherwise than by returning the letter to the Academy, to decide whether it could be received as a charge, coming as it did from a distant source; which being decided in the negative, at their instance the letter was read.

10th.—After which discussion was had, and after sundry propositions and resolutions, it became manifest that no "regrets" could be wrung from the editor of this Journal, who, in calm self-reliance, maintained that he had done *right*, and, moreover, would do *right again*, under like circumstances, irrespective of any authority, political, professional, or ecclesiastical. As a dernier resort, a resolution was adopted, expressing the "REGRETS" of the "thirty-six fellows" who voted for it, to learn that a "fellow" had recommended one who had forfeited his rank, &c., without naming anybody! These thirty-six constitute about one-tenth of the Association, and their "regrets" being sent to our "Fellows."

Philadelphia brethren," are expected to heal their wounded honor! The smallest favors should be thankfully received, when our Committee on Ethics have done their best, and the Academy their worst.

NEW YORK ACADEMY OF MEDICINE.

In addition to the routine business at the March meeting, the usual monotony was broken in upon by two unusual items.

The first of these was a defence by Dr. McNulty from an assault made upon him at the previous meeting, *during his absence*, by certain members of the Committee on Admissions, in attempting to vindicate their official action from the caustic animadversions of the gentleman. Dr. McNulty pitched into the pharisaical pretensions of certain sanctimonious members of the committee, by setting their sins in order before them, both of omission and commission; repeating his previous charges, that they had recommended the most arrant quacks, and thus introduced into the Academy unworthy members, whom he graphically indicated. He also repelled sundry personal attacks made by fellows, both in and out of the Academy, imputing to him a conspiracy to revolutionize the officers at the late election, and rescue the Academy from the rule of certain cliques. He at the same time avowed himself to be zealously in favor of reform, and purposed to favor Young Physic in lieu of old fogyism, &c. As Dr. McNulty is ardent in his profession, and a zealous member of the Academy, he promises great usefulness, if he is not wheedled into the service of some one of the cliques or factions of officeseekers into which the Academy is divided. Nothing but manly independence can protect him from the arts which will be used, to make him subservient as a partizan to certain crafty and ambitious aspirants for place; but whether they hug or club him, they mean to kill him, and defeat his laudable efforts at reform, which must be fatal to their influence and power.

Let him beware, then, of the men who, being minus patients or fees, with all their clamorous pretensions, are ever striving for the fictitious notoriety of being officious in the Academy, and thus finding their way into the newspapers. They fail to obtain reputation or practice by these arts, and marvel that the profession and the public lack the discernment to discover their merits. But the people have a way of estimating them for just what they are worth, and hence they are not "practitioners" in the sense of the qualification required by the constitution for membership, some of them not feeling a pulse in a month.

had no "regret," and the Philadelphia complainants would have canonized us for LYING in their service. *We did certify*, notwithstanding Dr. McClintock had lost his status in the profession, that he was by education and experience qualified to fill the office of Medical and Surgical Resident in any hospital. No one, either of the Philadelphia or the New York complainants, has denied or doubted the *truth* of our testimony, but only the *expediency* of our speaking the truth under the circumstances. Of this we claim to be the sole judge; and having exercised our discretion, and of our own sovereign will and pleasure certified to the truth, our "equanimity of corporeality and intellectuality" is undisturbed by the harmless expression of impotent "REGRETS" by any body. From the ramparts of common sense we laugh at such egregious folly.

Our only "regret" is, that even a handful of the Academy of Medicine should render themselves contemptible by such self-stultification.

"Mons parturiunt,—nascitur ridiculus MUS."

The parties chiefly concerned in this "tempest in a teapot" were: First, the *umbocle* Dr. A., who was, once upon a time, appointed to the New York Hospital, but a compulsory resignation, followed by a necessary transfer to the Bloomingdale department, fixed the status of all concerned, "non compos mentis." Second, Dr. B., the oft-defeated candidate for the presidency, whose ambitious aspirations ever lie in that direction. Third, the inevitable Dr. G., the standing candidate for City Inspector, Health Officer, and every other *paying* medical office, and who is ever lobbying about the City Hall and at Albany, greedy for feeding as aforetime at the public crib, and even *now* is seeking to create a fat *op* for himself! These, who are, *par nobile fratrum*, doctors without patients, with their toadies, uniting with the K. L's and other cliques, all of whom have been criticized in the Gazette, make up the thirty-six whose "regrets" are duly chronicled among the archives of the Academy. *Vive la bagatelle!*

A BITTER PILL! BUT DOWN IT MUST GO!

It is rumored from Philadelphia that the authorities of the Blockley Hospital have appointed Dr. James McClintock, their Resident Physician, a delegate to represent that Institution at the next annual meeting of the American Medical Association, in the City of Washington, D.C., which is to be held next month.

We clip the following advertisement from the newspapers, proving, as it does, that Dr. McC. is rectus in curia, and means to define his position.

Caution.—The undersigned having learned that certain vendors of medicines have advertised or intend to advertise the remedies formerly known as "McClintock's Family Medicines," informs the public that he has not, directly or indirectly, any interest in the manufacture or sale of Medicines of any kind; and he hereby cautions all persons against the use of his present title in connection with any medicines, under the penalty of legal prosecution.

JAMES MCCLINTOCK, M.D.,

Chief Resident Physician, Philadelphia Hospital, &c.

March 22nd, 1858.

VEXED QUESTIONS IN ETHICS.

Under the above caption the *Cincinnati Lancet and Observer* has made remarks on the McClintock affair, the Journals, &c.

The editor seems to have sharpened his pen for a general onslaught on all the Journals that have not coincided with him in regard to all he has said on the subject. He says:

"When the editors of some Journals are making vapid and sickly excuses for high unprofessional conduct, it is refreshing to find the trulyervative, accomplished and distinguished gentlemen here and there pointing out the true doctrines that should prevail."

Is this? Has any of the Journals been engaged in offering excuses for the conduct of Dr. McC.? Our Journal has not. All, as we have read, are unanimous in condemning the act of Dr. McC.

Dr. McC. now condemns the act himself. A diversity of opinion among the Journals is in relation to another should a medical man, after he has committed a sin against our Ethics, and made full confession thereof, and gave the proper of repentance, be forgiven by his brethren, or should he be and denounced forever as having committed an unpardonable *transgression* is on one side of this question, as we understand it; only stated that fact.

no controversy with the editor of the *Lancet and Observer* on other subject. The disposition he has always manifested of the profession is very commendable. His punishment, offenders is too Draconic to suit our taste.—*Ohio M. & S.*

TAKE NOTICE.

Should our next number be delayed a few days, our readers will understand the cause, viz., a purpose to insert the proceedings of the American Medical Association, which will be in session at Washington, D.C., during the first week in May.

THE MEDICAL COMMENCEMENTS

of our three colleges have recently been held. At the New York Medical College, the valedictory was pronounced by Dr. B. F. Barker, Professor of Obstetrics, and was an able and appropriate discourse. The degrees were conferred by Dr. Horace Green, President of the Faculty, on thirty-three candidates.

At the University School, the address was delivered by Dr. G. S. Bedford, the Professor of Obstetrics, and we have heard it highly commended. It has been published at length in the Sunday Herald. Chancellor Ferris conferred the diplomas upon 127 graduates.

The College of Physicians and Surgeons is now under the presidency of Dr. Thomas Clark, who conferred the degree of M. D. on fifty-three candidates after a valedictory by Dr. C. R. Gilman, Professor of Obstetrics, which it is said afforded great satisfaction.

The success of Dr. Clarke's address is a kind of triumph in itself, and appreciated to the full by the students, who celebrated their anniversary by a banquet being arranged to celebrate the occasion. The banquet was given by the students themselves, and Dr. A. Clark, who presided, was well received. The banquet was a great success, and the students were well pleased.

AMERICAN MEDICAL ASSOCIATION

The American Medical Association will hold its annual meeting at Washington, D.C., during the first week in May. The association is composed of physicians and surgeons from all over the United States, and is the largest and most influential of the medical organizations in this country. The meeting will be held at the Willard Hotel, and will consist of a series of lectures, demonstrations, and discussions. The association is interested in the advancement of the medical profession, and in the improvement of the public health.

TO CORRESPONDENTS.

"Orthopædic Reminiscences" will excuse us for declining his article; since our defence of Dr. Detmold, against Dr. Mott and the University, at the time of his *quasi* professorship, committed the Gazette in his behalf, and we have endured the hostility of the parties ever since for our defence of him, from what seemed to be a wanton persecution. There are some men so constituted that if you do them a *special kindness* they will never forgive you, and Dr. D. seems to be one of these, and hence his puny assault upon us. This is a tax which all must endure, or never do a "good-natured thing for anybody," lest he turn out to be one of these ingrates.

"Nose-ology" and "Pede-ology," who report the experience of Dr. G. at Blackwell's Island and on Staten Island, where his impertinence was punished by the finger and thumb of Professor Carnochan in the case, and the foot of the late Dr. Doane in the other, are both declined, and will be returned to their authors. They will suit better to be sent to J. Gotham, Jun. M. D. of the N. J. Reporter, who may be found at present at Albany, lobbying for another public office and try for himself.

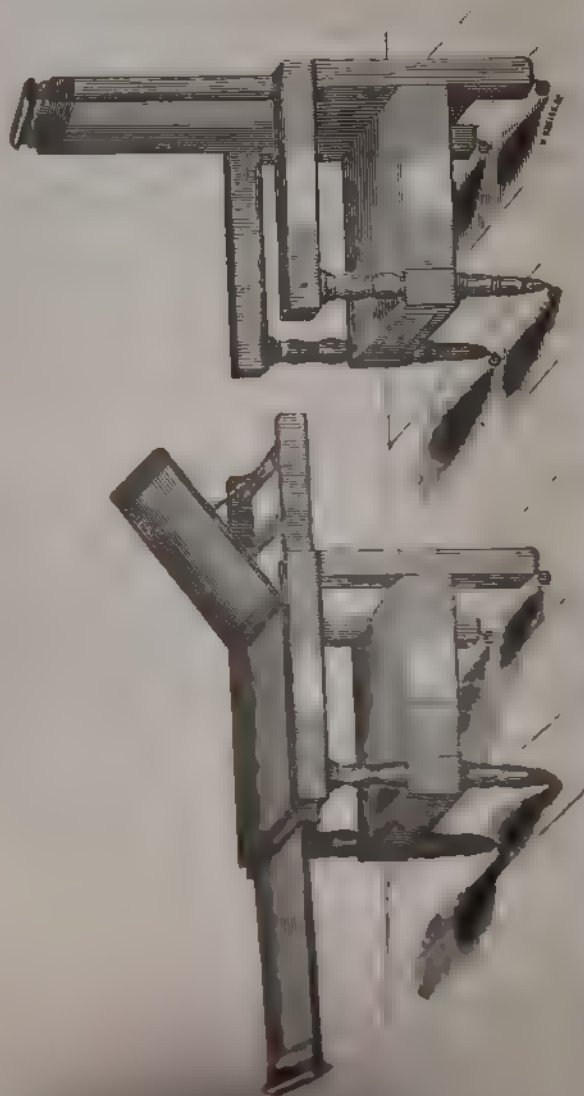
"SCIENCE AND THE BIBLE."

Professor Doremus is delivering a course of popular lectures, with title, at the New York Medical College in 13th Street, to a large number of ladies and gentlemen, who have the intelligence and good sense to prefer the amusement and instruction which the magnificent sciences of Chemical Science, Natural Philosophy, Astronomy, &c. afford, under the teaching of this brilliant experimenter and speaker, to the many frivolous and often mischievous expenses which attract the masses, and are too frequently indulged in at the expense of purity and virtue. In attending these lectures, we are at no risk of being found in bad company. Pickpockets, &c. &c. &c. seek entertainment elsewhere.

DR. DANIEL AYRES' OPERATING TABLE.

On lately a visit to our friends of the L. I. College Hospital, and among other noticeable subjects, bearing strong evidence of diligence and energy of the medical gentlemen connected with the institution, we observed also a most ingeniously constructed

ed operating table, designed by Dr. Daniel Ayres, one of the **A**merican
ing Surgeons. As the table is the most simple, practicable, and con-
dious one we have as yet seen, and as it commends itself to the
of every surgeon, for ordinary office use, we have procured for



readers a wood-cut that will give an idea of its mechanical arrangement. We understand that the expense of Dr. Ayres' operating table, executed in black walnut, does not exceed twenty-five dollars, and that, on account of its utility and cheapness, some of the medical practitioners of Brooklyn have already introduced it into their offices.

LONG ISLAND COLLEGE HOSPITAL.

Our brethren of Brooklyn, L. I., have secured the charter for their new hospital and medical school with unexampled promptness from the State Legislature. Already their hospital is open in an eligible building on Court Street, and clinical lectures have been in progress during the winter. They have a medical society there which seems to co-operate with the movement, and they possess all the material for a thriving school of medicine and surgery in the "city of churches." They have our best wishes for their success. See Dr. Bauer's article which opens this number, and which is to be followed by others, from the same source, in the future numbers of the Gazette.

OUR STATE LEGISLATURE

have now nearly done their worst, for their days are numbered. Among the very few laws they have passed, and the fewer the better, Senator Brandreth has secured a charter for an Eclectic and a Homœopathic Medical College, of one or both of which he will doubtless be the President. Our *irregular* colleges now outnumber the *regulars*, and as competition is the life of business, the manufacture of all sorts of doctors must thrive.

We learn from Albany, that "Dr. Griscom's sanitary bill, endorsed by the N. Y. Academy, and which is designed to abolish the office of City Inspector, and substitute a snug berth for himself, in the shape of a Superintendent of Public Health, with subordinate places for a dozen or two other hungry doctors, is likely to be defeated." We are sorry for it, though not surprised at the result, for Dr. G. is very unlucky in lobbying at Albany, where he is now pretty well known. It may reconcile him to the loss of the bill to know, that even had it passed, he had not the ghost of a chance for the fat office. As in his Police Surgeon appointment, after all his labor in fixing the bill, he can at best only hope for a place as one of the subalterns, which his dignity would refuse. We wish we could live long enough to see the

time when Dr. Griscom would not be a candidate for the leaves and fishes of public office.

The repeal of the "dissection law," as it is called, although strengthened by the recent unfortunate affair at Brooklyn, will nevertheless fail; unless the odium excited by the medical lobbying be transferred to this act for the improvement of medical science.

BOOK NOTICES.

A DISCOURSE in commemoration of the 53d Anniversary of the New York Historical Society, and the dedication of the new edifice, Nov. 17, 1857, by John W. Francis, M.D., LL.D.

As a general thing, most men can in some way perform any required work in a creditable manner, but it may be reasonably doubted if any other than Dr. Francis could have delivered a discourse upon *New York during the last half century*, containing a moiety of the facts, novelty, interest, oratory, grace, or even length (for this is 232 pages) which characterize this anniversary discourse. To the man born, Dr. Francis' personal reminiscences run back to a very early date. As a boy he could have known every noted individual in the city for its entire population was much less than 50,000, and as a man his literary, professional, political, scientific and æsthetic reputation has compelled every one to seek him and his acquaintance. Whatever may be the purpose for which they have done so, one who has known him for many years, and enjoyed the pure delights of his friendship, repeats the expressive words of Horace—

Est bonus atq; melior
Non alius quicquam.

The growth of the church, the stage, literature, arts and medicine in New York with anecdotal reminiscences of the leading men occupies us in analyzing the interests of these various objects are the themes of the discourse. After the apparently exhaustive addresses by the Doctor in past years before New York Academy of Medicine and other Societies, such a perambulation of details is most astonishing and

And the volume gives
That not by heart can most of be known

To us, with our ordinary memory it seems as if it must be a great relief to the venerated Doctor to have achieved the record of an important statement. The book would seem to be a somewhat arduous task, with its half a century of discovery, the new claims of every day, the progress of science, of course or perhaps a new theory, a movement, a wave, the political and social changes. This anniversary discourse has served as a record upon which the achievements of the last half century, and the new claims of every day, the progress of science, of course or perhaps a new theory, a movement, a wave, the political and social changes. This anniversary discourse has served as a record upon which the achievements of the last half century, and the new claims of every day, the progress of science, of course or perhaps a new theory, a movement, a wave, the political and social changes.

MISCELLANEOUS ITEMS.

Prof. J. C. Nott has already resigned the chair of Anatomy in the University of Louisiana, to which he was appointed last year. He returns to Mobile, and resumes the practice of his profession.

Dr R. W. Gibbes has retired from the editorial conduct of the *South Carolinian* in Columbus, Geo., and returns to the practice of his profession.

Dr Bennet Dowler has an able paper in the last number of the *N. O. Medical and Surgical Journal*, entitled "Critical Researches in Medical Terminology, founded on the last edition of Prof. Dunglison's *Medical Lexicon*." The exceptions taken to the work are numerous and forcible; albeit, some of them may be deemed hypercritical. Nevertheless, so many important omissions are indicated, so much irrelevant and obsolete matter is pointed out, and the defects, errors, and shortcomings of the author are so freely shown up by Dr. Dowler, that the next or sixteenth edition of the *Lexicon* will doubtless be improved by this dissection of a Philadelphia book by a New Orleans critic.

The *American Medical Monthly* announces the name of *Lewis H. Steiner, M. D.*, of Baltimore, as assistant editor, who will doubtless prove a valuable acquisition to that spirited monthly. The last number contains a useful paper by *Dr. H. G. Davis*, on special exercises in the treatment of diseases of the lungs.

The *Peninsular Journal of Medicine* is now the only Journal published at Detroit, Michigan, and is edited by Professors *Moses Gunn* and *A. B. Palmer*. The *Medical Independent* has ceased to exist.

Dr J. B. Trask and *D. Wooster*, of San Francisco, Cal., have issued the *Pacific Medical Journal* as a successor to the *State Medical Journal*, formerly published by *Dr. Morse*, at Sacramento.

Dr J. Dickson Bruns is now the sole editor of the *Charleston Medical Journal*, one of our best exchanges. He is a thorough scholar and an able writer.

The *New York Ophthalmic Hospital* have published their 5th annual report, by which we learn that *Dr. Mark Stephenson*, to whom this charity owes its existence, is still lecturing weekly during the winter, and holds clinics for students, the proceeds going to the hospital. Some 200 patients have been treated gratuitously during the last year; so that the institution is prospering.

The N. A. Medico-Chirurgical Review for March is an improvement on any of its predecessors, and we congratulate our friends, Prof. Gross and Richardson, on the success of their labors, as evinced in this number. The rich variety of its contents, the ability of its reviews, the justice of its criticisms, the science and skill exhibited in its reports on original papers, are all worthy of high commendation. We regret the promise here given that we are to find in this work the desideratum so long sought and needed in the periodical literature of our country, and which none of our Journals have hitherto been able to supply. Messrs. Lippincott & Co. are the publishers, and issue it in fine quarto, 192 pages bi-monthly, at \$5 per annum, in advance.

The Massachusetts Medical College at Boston reports for the year fifteen graduates.

Prof. N. S. Davis replies, in the *Chicago Medical Journal*, to *Dickson's* late article on Ethics in the *Charleston Journal*, vindicating his course in refusing any "conjoint" partnership with Homeopathic hospital service.

Medical Students in Paris.—The number of medical students without inscriptions for 1857-8 amounts to 901 for the Doctorate, and for the grade of *Officier de sante*—total, 1027. The number of inscriptions amounts to 158. Last year the total was 1000, of which 126 were new. The following is a comparison of the last eight years:

1850	1223 inscriptions,	429 new.
1851	1300 "	313 "
1852	1437 "	334 "
1853	1055 "	158 "
1854	964 "	151 "
1855	966 "	180 "
1856	1000 "	126 "
1857	1027 "	158 "

The Jefferson Medical College report a class of 501 students, and the *Medical College of South Carolina* have had 216. These are all the reports of classes which have yet reached us. We hope to next to publish an extended and corrected list of the classes and graduates for 1857-8.

Medical Students in Dublin.—The number of medical students in Dublin who have entered for dissections during the present session is 473; to these must be added 100 attending on lectures, but not dissecting. The whole number of medical students to be

Journal of Materia Medica and Pharmaceutic Formulary.—Messrs. Tilden & Co., of New Lebanon, N. Y., have commenced a monthly journal under this title, which promises to be practical and useful.

The Anniversary Discourse before the New York Academy of Medicine recently delivered by J. Marion Sims, M. D., Surgeon to the Woman's Hospital, on "Silver Sutures in Surgery," has been beautifully printed, with numerous and graphic illustrations made from original drawings by Dr. Thomas Addis Emmet, the Assistant Surgeon to the same hospital. It is from the press of Samuel S. and William Wood, publishers, of this city.

Prof. Paine, of the New York University, has just issued the fourth edition of his truly great work, "The Institutes of Medicine," with an elaborate Appendix, and a double Index, so that the intrinsic value of the work is greatly enhanced. We hope to furnish our readers with a more extended notice hereafter. It is issued from the press of Harper & Brothers, and makes an octavo volume of nearly 1100 pages. The medical scholarship and profound learning which characterize this book, and distinguish its author, are honorable to the professional literature of our country. Those who study their profession with the view to excel in sound theoretical and practical knowledge will appreciate the labors of Dr. Paine, and profit by his instructions. And though it may be the fashion of the times to depreciate the true physiology of life by exalting chemical forces and phenomena above those of vitality, yet this fashion will soon pass away, and the name of Dr. Paine will be revered in the next medical generation, when sober truth in science shall again supplant the visionary speculations of the ultra-chemical school which now seems to be in the ascendant.

A Counterblast to Puffing.

My son, each rogue eschew,
Of the advertising pack.
He's generally a Jew,
Invariably a quack. *Punch.*

Foul Ulcers of the Legs.—A woman at St. Mary's Hospital, whose entire left leg had been in a state of ulceration for years, with islands of skin here and there, has had it effectually healed up, by Mr. Coulson, by wrapping a piece of linen around it wet with a lotion of the sulphate of soda, and a bandage over all. Mr. Coulson thinks the bandaging and rest have proved as serviceable as anything else used.

Lancet.

ERRATA in History of Blockley Hospital, in last number.—On page 130, line 26, Northern should be instead of "Eastern;" in line 30, in place of "North" it should be Eastern; in line 37, Southern should be instead of "West;" and in line 39, Western should be in lieu of "South."

Among the Guardians, on pages 133 and 134, the names of N. R. Moseley, M. D., and Geo. H. Hutin, M. D., should appear instead of "N. R. Mosley" and "Geo. Husin."

RECEIPTS for 1857-8, for Subscription to Gazette.

DRs. Skilton, Taylor, B. Smith, Stillwell, Ranney, Jones, Mosley, Armsby, Van Antwerp, Glindrat, A. S. Hall, Drake, Selden, Bauer, Jamieson, A. Smith, Fisher, Barstow, Frankel, Regensburger, J. Davis, Noyes, Mitchell, Waterbury, Darnall, Reese, of Al.

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AMERICAN MEDICAL GAZETTE ADVERTISER.

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Case of Exsection of the Entire Radius. Case of Exsection of the Three Lower Fourths of the same Bone. Remarks on Osteo-aneurism, with a Case.

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No. 6.

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No. 10.

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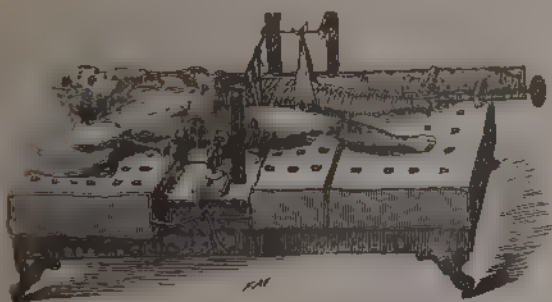
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Papain, do
Proto iodide of iron, do
Sanguinaria, do
Quercetin iron, (reduced
by hydrogen), do

Salicin, do
Scutellaria, do
Stilbigen, do
Sulphate of quinine, do
Valerianate of quinine, do
Xanthoxin, do

Ext. Aconite, do

" Apocynum Canad., do

" Conium, do

" Cannabis Indica, do

" Hyoscyamus, do

" Hellebore (Black), do

" Iron, (Blue flag), do

" Jalap, do

" Phytolacca, do

" Quassia, do

" Sarsin, do

" Sanguinaria, do

" Stramonium, do

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(one grain each), do

Opium and acetate of

lead (one grain each), do

Sinecin, do

Sub nitrate of bismuth, do

Tartrate of potassa and

iron, do

Washed sulphur, do

Willow charcoal, do

Ext. Apocynum, do

" Atthemia, do

" Asclepias Incar, do

" Blackberry, do

" Cornus Florida, do

" Cimicifuga, do

" Columbo, do

" Cypripedium, do

" Cubebs, do

" Duncaniana, do

" Eupatorium, do

" Gentian, do

" Geranium, do

" Iris, (Blue flag), do

" Jalap, do

" Leonice (Blue Cohosh), do

" Lettuce, do

" Logwood, do

" Marrubium, (Horehound), do

" Poppy, do

" Quercus (White Oak), do

" Rhubarb, do

" Rhubarb and Senna, do

" Rue, do

" Spirea, (Hornbush), do

" Senna Alex, do

" Uva Ursi, do

" Valerian, (English), do

Blue pill *Two and one half and five Grains*

Compound cathartic (U. S. P.) *Three Grains*

Compound calomel (Plummer's), do

Compound iron, (U. S. P.) do

Carbonate of iron (Vallet's formula), do

Pinus resin (Lady Webster's), do

Ext. Prunella Pine, do

" Colocynthis Compound, do

" Colocynthis compound and

Hyoscyamus, do

" Sarsaparilla American, do

" " " Comp. do

" " " Rio Negro, do

" " " Comp. do

" Taraxacum, do

Aloes myrrh and iron (U. S. P.)—*Four Grains*

Aloes and myrrh (U. S. P.) do

Aloetic (U. S. P.) do

Arsenicalia (U. S. P.) do

Aloes and assafœtida (U. S. P.), do

Aloes and iron (U. S. P.) do

Rhubarb compound do

Copahu, pure solidified,

" and Extract of Cubebs,

" " Citrate of iron,

Extract of cubebs,

" and alum,

" and rhatany and iron.

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ORIGINAL DEPARTMENT.

ON HYDRARTHROSIS OF THE KNEE-JOINT.

(A Paper read before the Brooklyn Medico-Chirurgical Society.)

By LOUIS BAUER, M.D., M.R.C.S., Engl.,

Attending Surgeon to the Long Island College Hospital, etc., etc.

GENTLEMEN—The pathological nature of hydrarthrosis is as yet an unsettled question. Some authors still adhere to the discrimination of an acute and chronic form; whereas others contend, on the basis of pathological anatomy, that if inflammation of the synovial membrane is at all at the basis of this malady, that it is decidedly and exclusively the lowest degree imaginable.

The term hydrarthrosis implies, verbally, water in a joint, meaning of course serum of indifferent chemical constitution, and with the least possible trace of either organization or organizable substance.

Dupuytren qualifies the serum obtained from a delinquent, immediately after execution, as transparent, pinkish, semi-gelatinous, of insipid taste, peculiar smell, and a spec. grav. of 1.05. Bonnet describes it as being pellucid, lemon-colored, and thin, coagulating when exposed to either heat or nitric acid; from his observation, he felt inclined to identify the serum in hydrarthrosis with that of the blood; ascites, hydrocele, &c.

Thirteen cases of hydrarthrosis, upon which I performed the operation of puncture 17 times, have furnished me ample opportunities to study the physical and chemical properties of the morbid secretion in question, and the following is a summary of my observations:

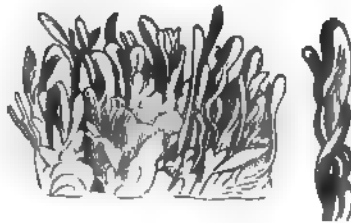
1. In all instances the serum was transparent.
2. When pure, it presented a straw color, but being incidentally mixed with blood corpuscles, it assumed a pinkish hue.
3. Its consistence was semi-gelatinous, varying, however, according to the quantity; larger accumulations of serum were more fluid than smaller ones, which occasionally presented the appearance of colloid fluid.
4. Under the microscope, the serum was found to be amorphous; not even epithelial cells could be noticed. Besides accidentally intermixed blood corpuscles, I noticed a moderate number of fat globules.
5. Its chemical reaction was invariably strong alkaline, which was even evinced by a slippery and soapy feel.
6. Being boiled or subjected to nitric acid, the entire fluid most usually coagulated, so that the vessel could be turned over without its contents flowing out.
7. Spec. grav. differed from 1.02 to 1.12, according to the degree of concentration or consistence.

Frequent efforts have been made to investigate the pathological condition of the synovial sac in hydrarthron, yet with very little success or satisfaction. Thus Sir Benj. Brodie describes a case, in which he found the whole synovial membrane of the knee-joint darkened and highly vascular; the smaller vessels being distended, as in violent conjunctivitis. On the anterior superior portion of the joint he noticed deposits of plastic lymph, (fibrin.) The articular cartilage presented a tendency of detaching itself from the condyles of the femur. He gives us, however, no information as to the serum, which in all probability contained epithelial cells, inflammatory globules, and fibrin abundantly. From the description, it must be inferred that Sir Benjamin's patient suffered from nothing less than acute and plastic inflammation of the synovial membrane, which would have in due time brought on fibrous adhesion or suppuration.

Blandin's case is no less doubtful. He saw numerous flakes suspended in the serum, and the inflammation was particularly intense at the large duplicature of the knee-joint! Dupuytren records a fair instance of hydrarthron. He mentions the large distention of the synovial capsule beyond its natural limits, and 4 inches in front of the femur. The lining membrane was found to be intumesced and red; there were small vascular eminences of different extent and size, from which a similar liquid could be pressed. Bonnet's case bore the following appearance: Synovial membrane opaque, slightly thickened and fibrous; inner surface red, and numerous bundles of vessels travers-

ing it, particularly near and about the patella; the covering of the *ligamenta cruciata* was found to be intact. On those points, where the capsule was engorged, the surface was covered with pseudo-membranes of new growth, and on others adhesion had been forming. It is not difficult to perceive that Bonnet had fallen into the same error with Sir Benjamin, confounding active arthromeningitis with hydrarthron.

The best anatomico-pathological research on this malady, the profession owes to Rokitsansky and Johannes Müller. According to these pathologists, the synovial membrane presents the appearance of velvet, and under the microscope numerous villi or tubes are to be seen, interweaving dendrically with each other, (*lipoma arborescens*. Joh. Müller.) These villi receive ordinary and elastic fibres into



their organization, and contain fat, either free or encapsuled; sometimes hyaline and cartilaginous cells, and in rare instances even osseous elements. Their size sometimes exceeds an inch. If pressed, the same liquid oozes out of their surface as contained in the joint.

Analyzing the symptoms of hydrarthron clinically, we find that,

1. The disease commonly commences in such an obscure way, that the patient scarcely knows of its existence until it has obtained a certain degree of development, and the distention of the joint has become noticeable.
2. Irrespective of the distention of the joint by its serous contents, there is no swelling, tumefaction, discoloration or increased temperature of the joint thus affected, or the adjacent soft parts.
3. There is no pain of any account, neither on motion nor on pressure.
4. The accumulation of articular serum is progressing so gradually, that the capsule gains time in yielding to the pressure from within, and so adapt its dimensions to the quantity of fluid present. Thus Dupuytren, others, and myself have observed cases in which the synovial sac had extended upwards before the femur, some inches beyond

and above its insertion. And this adaptability of the synovial membrane to the liquid within its cavity is the reason why ruptures of the synovial sac, pain, and deformities are so rare companions of hydrarthron. It is, however, self-evident that all the motions of thus afflicted joints are to be made slowly, in order to give the serum time and chance to move into another space when the form of the articular cavity is to be altered by the motion. When the knee is being flexed, for instance, the articular fluid can readily find room between the parting articular surfaces; when being extended, it has to escape into the anterior space of the capsule.

5. However long hydrarthron may exist, I have found neither any adhesion of the joint, nor any ulceration or denuding of articular cartilage.

6. Nor have I ever observed that this malady causes any constitutional trouble either in its beginning or its progress.

Critical analysis of those facts, elicited by pathological and chemical observation of hydrarthrosis, will necessarily lead to different inferences as hitherto entertained by some eminent surgeons. From the chemico-organic constitution of the serous fluid generated in hydrarthrosis, it is evident that it can have no connection whatsoever with acute inflammation. Except the alkalines abundantly contained in that fluid, it bears the most perfect similarity with the serum in ascites, caused by mere obstruction of the abdominal venous circulation. There is indeed not one single element to be found that is pathognomonic of inflammation. We arrive at the same conclusion in analyzing the clinical character of hydrarthron. The anatomico-pathological changes of the synovial membrane are, however, of so peculiar a nature as to admit of a different interpretation. On one hand the varicous distention of the capillaries remind involuntarily of obstructions in the circulation, whilst the organic elements of the villiform tissue render an inflammatory process feasible, at least in as far as the fibrous elements are concerned. However, these indications are exceedingly faint, and as long as other fibrous disorganizations occur without inflammation, we may justly hesitate to admit it here in the absence of other corroborative circumstances. Without intention to advance a new hypothesis, I may, however, submit that a paralytic condition of the vaso-motor (Henle) nerves may be at the foundation of this morbid process. Indeed both the contusion of the joint as remote cause, and the anatomical condition of the synovial membrane in hydrarthrosis, speak in favor of this suggestion. At any rate, the dis-

cussion of this subject will have rendered obvious the fallacy of acute hydrarthrosis. Against the supposition of hydrarthrosis, on the ground of chronic inflammation of the synovial membrane, I should take no exception, since the pathological discrimination between a low grade of inflammation and deteriorated nutrition, caused by the paralysis of vaso-motor nerves, is an object of subtle difficulty.

Another error prevails among some surgeons as to the remote causes of hydrarthron, represented to be mostly of constitutional or rheumatic character. The observations afforded by thirteen cases justify my differing from such suppositions. In twelve cases out of that number the malady could be distinctly traced to traumatic causes, and occurred in patients from between seven to twenty-six years of age, who without any exception possessed all the attributes of good constitutional health. But in one case, concerning an Irish laborer of about forty years of age, and of suspected irregular and intemperate habits, the constitution of the patient seemed to be debilitated, and hence the cause of the disease obscured and dubious.

Among the series of cases there was Mr. ———, a butcher of New York, twenty years of age when the disease commenced. He was then, and is still of robust constitution and great physical strength. On lifting a quarter of beef he suffered undue torsion of his left knee-joint, which was followed by swelling and inconvenience in walking. No other cause could be made out in this instance, and the disease had been of two years' duration when the patient placed himself under my care. Another case relates to a little boy eleven years old, strong and healthy looking, who had passed his life on a farm on the shores of Cayuga Lake under very easy circumstances. He too had contracted his difficulty by a fall upon his knee. The remaining ten cases are almost of the same description, so much so, that the two already related may be accepted as prototypes of the rest.

From the causes and the clinical character of hydrarthrosis, it follows conclusively that the disease is mainly, and perhaps exclusively, an idiopathic one, and that it only in a remote way becomes connected with constitutional complications.

Diagnostic discrimination of hydrarthrosis of the knee-joint meets with less difficulty the more considerable the quantity of accumulated serum within the knee-joints. It presents a fluctuating swelling that is distinctly limited by the contours of the joint, and more especially by the insertion and shape of the synovial sac itself. Where the patella and ligaments do not flatten the swelling, the latter is even

and convex, more especially lateral to the ligamentum patellæ, the patella itself, and above it. The greatest distention of the synovial membrane, however, is in the direction of the superior cul-de-sac, where the fluctuation is mostly clear and unmistakable. Sometimes the synovial cavity communicates with the bursa below the tendon of the quadriceps, and this communication of course modifies the shape of the swelling. The integuments are of natural appearance, and no pain is evinced on motion or pressure. The fluctuation may be clearly ascertained, if the affected extremity is fully extended, when the liquid occupies the anterior portion of the joint. The hands may then be placed transversely above and below the patella, and alternately a gentle pressure be made. Or while a pressure is being made simultaneously by both hands in that position, and the patella pressed upon, the presence of liquids in the joint may be discriminated by the resistance the patella finds in approaching the bones. Or graduated compresses are fastened upon the joint below and laterally to the patella, by which means the whole liquid is driven into the cul-de-sac of the synovial membrane, and the exploring needle being introduced will show the presence of liquid in the joint, though this would be hardly required for the purpose of diagnosis.

From previous remarks, it follows clearly that the prognosis of this disease is by no means as hopeless or dubious as generally represented. As long as the term hydrarthrosis is not properly defined, and as long as the latter comprises a series of heterogeneous diseases, the prognosis must necessarily remain undetermined. I for one can conceive no difficulty appertaining to the successful treatment of hydrarthrosis, for the disease is mostly of a local character, its seat admits of easy access, and the remedies appropriate to the tenacity of the complaint. Failures frequently recorded must be collectively ascribed to the confusion existing as to the character of the disease, and furthermore to the indiscriminate and empirical application of remedies suggested at random.

The treatment of hydrarthrosis of the knee-joint is exceedingly simple, and resolves itself into two indications:

1. The removal of the serum, and
2. The re-establishment of the proper organization and function of the synovial sac.

To attain the objects in view, internal and external remedies have been commended. Among the former, Gemelle's treatment, with large doses of antimony, potassio-tartras, was the most prominent, and he reported

to the Academy of Medicine of Paris, in 1840, 28 cases treated successfully. Bonnet, however, thinks, and I fully join in his opinion, that the cases of Gemelle were of recent date, and consisted of those ephemorous rheumatic collections which are exceedingly frequent in some marshy regions of France, and which disappear spontaneously, with very few exceptions. The local remedies having been suggested to meet the first indication are numerous; among them are the contentive bandage, compression with roller or plaster straps, blistering, (Velpeau,) the application of ointments, with quicksilver, iodine or antimonium preparations with camphor, &c., cold douche, and in fine, actual and potential cauterization. The application of hot iron has been particularly recommended by Prof. Bonnet, and highly lauded for its efficacy; yet he has of late preferred injections, evincing thus conclusively that his confidence in hot iron has been sadly shaken. In the course of my surgical career I have met with fair chances to put the remedies just enumerated to a fair test, yet the results attained by them, either singly or collectively, did not come up to the mark of satisfaction, and for obvious reasons; for their *modus operandi* conjointly presupposes the synovial membrane being in a fit condition for absorption, which I think does not exist. As the results of those remedies depend on mere chances, and admit of no rational calculations, I have of late dispensed with them all, and have been more successful for it.

The direct removal of the serum from the articular cavity may be accomplished in various ways, namely, by free and subcutaneous incisions, and by puncture of the synovial sac. Boyer was the first surgeon who freely entered the joint with his knife, in order to remove the articular serum, and to close up the whole source of secretion by suppuration. He treated in this way four cases, of which three recovered, retaining in part the mobility of the operated joint; in the 4th case the suppuration was so violent as to demand amputation.

Boyer's proceeding has been unfairly adjudicated and unjustly discredited as hazardous and daring, chiefly on the ground that the exposure of articular cavities to the atmospheric air invariably gives rise to most dangerous and violent reaction, periling either limb or life. However well this argument holds with reference to healthy joints, it is entirely inapplicable to affected ones. Numerous observations on record tend to show that the morbid process materially diminishes the susceptibilities of synovial or serous membranes for air or injuries, and that in many instances their exposure to atmospheric air may take

place with impunity, without any reaction whatsoever. Thus I remember, for instance, an operation for ovarian cyst, at the St. Mary's Hospital, London, which lasted about 45 minutes, during which time the entire abdominal cavity was exposed to a cool atmosphere. The patient in question died, if I remember correctly, on the 35th day after the operation, of internal hæmorrhage, whilst no evidence of inflammation could be established. This and similar cases sufficiently prove the fallacy of drawing inferences from the vital character of synovial membranes in health to that of disease. It is even questionable whether Boyer would have lost his patient by said operation, if his diagnosis had not been erroneous, which I am justified to suspect, judging from his clinical observations on hydrarthrosis. The free incision is decidedly the most direct remedy for radical cure of hydrarthrosis, fulfilling as it does both indications; and this method would still command our consideration, provided we had not come in possession of remedies equally efficacious, preserving at the same time the articular mobility.

Subcutaneous incision of the capsule, for the avowed purpose of relieving joints from their morbid contents, has been recommended by Goyrand, of Aix, and, cautiously performed, will render good services. But in my opinion it possesses no practical advantage over and above the simple puncture. Both operations are equally useful in relieving the joint from its serous contents; yet, as they can have no possible influence upon the matrix of the serum, being the villi formed excrescences of the synovial membrane, they are mere palliatives, unless combined with other remedies or proceedings.

For the performance of these operations, the greatest care and precaution has been enjoined by surgical writers, with reference to the hermetical exclusion of atmospheric air, and justly so, for its entrance into the articular cavity is likely to produce a higher degree of inflammation than intended, and even give rise to suppuration and other troubles connected therewith. But the means recommended by surgical writers are totally inefficient to guard against such an accident. A valvular opening may suffice to exclude air, after terminating the operation, but it can decidedly not do so during the operation, and whilst the canula of the trocar still connects the surface of the body with the articular cavity.

Nélaton and other surgeons of note, confess never to have seen the serum rushing from the articular cavity punctured, but issuing slowly and languidly. Such facts render the danger obvious in puncturing joints in the manner hitherto adopted.

In order positively to prevent the entrance of air, it is necessary to make the serum issue from the joint with velocity, and without interruption, until the last drop has been removed. To accomplish this object, the limb should be brought into a straight position previous to the operation, which has the advantage in closing up a part of the articular cavity between femur and tibia, and in forcing the whole contents into the anterior space of the synovial sac. This can be mostly done without any difficulty, in as far as there are but rarely retractions of the flexor muscles, and never articular adhesions. In case, however, an angular contraction of the joint should exist, it should be removed previous to the treatment of hydrarthrosis, either by gradual extension, or, more expeditiously, by tenotomy.

Assuming the extremity is brought to full extension, Theden's bandage should be applied from the toes upwards to a point immediately below the protuberance of the tibia. Next graduated compresses should be placed in the popliteal space, along the ligamentum patellæ, and the latter itself, and they should be firmly fastened by ascending adhesive straps, surrounding the whole joint. This proceeding drives the entire liquid into the cul-de-sac of the synovial membrane, and retains it there under great pressure. If the articular cavity thus prepared is punctured or subcutaneously incised, its contents will escape with such vehemence as to render the entrance of air positively impossible. Whilst the liquid is thus escaping from the joint a finger should move across the cul-de-sac towards the wound, in order to close it in the very moment that the liquid stops to flow, whilst the other hand removes the canula. Such is the mode of preparing the joint I have adopted in my cases, and I can state here, that I not only facilitated the operation thereby, but rendered the latter perfectly harmless, at least in so far as the entrance of atmospheric air is concerned.

It has been already remarked that simple puncture or simple subcutaneous incision act but as palliatives in removing the articular serum for the time being. As in hydrocele, the serum soon reaccumulates, unless other measures are resorted to, calculated to prevent relapse. Thus Larey applied moxæ after puncture, and asserts the cure of an enormous serous collection of the knee-joint by ankylosis, (?) whereas Carrier, in Lyons, effectually combined compression with it. In what manner Carrier compresses the joint I do not know, nor am I at all conversant with Malgaigne's proceedings, who, it seems, adopted Carrier's plan, without meeting, however, with the same satisfactory results; yet that I do know, that by the compression of the joint executed in

the manner described by means of graduated compresses, circular adhesive straps, and subsequent placing of the effected limb in a straight splint, I have succeeded in radically curing thirteen cases of hydrarthrosis of the knee-joint. In ten cases I punctured but once, in two twice, and in one three times. In the latter three cases I contented myself with the compression only, without confining the limb to the straight splint, and perhaps this was the cause of the recidives.

In every instance the mobility of the joint has been preserved, and the results have been thus complete, however unsatisfactory they may have been in the hands of other surgeons. Whether the cases under my care have been particularly advantageous, or the mode of compression I adopted has influenced the results, I am not prepared to decide as yet, but rather reserve my decision for a larger scope of observation. At any rate, the treatment of hydrarthrosis by puncture and compression combinedly, commends itself to the consideration of surgeons.

Since the last ten years another proceeding has been introduced for the treatment of hydrarthrosis. The analogy of hydrocele with hydrarthrosis has induced Bonnet and Velpeau to try the efficacy of stimulating injections in the latter, particularly with tincture of iodine, and the results thus accomplished seem to surpass the most sanguine expectation. They maintain that these injections may be practiced with impunity, without danger or fear of excessive reaction; that in no instance suppuration ensued, and that in most the mobility of the joint was preserved. Other surgeons equally creditable have not met with the same complete results; Nèlaton and others have related some instances of most violent reaction and suppuration after the injection with iodine, and in some amputation had to be resorted to. Having had no personal opportunity to observe the therapeutical effects of injections with iodine into joints afflicted with hydrarthrosis, I justly hesitate to offer any opinion on its value, and its preference to other modes of treatment, and more especially to that of compression and free incision; yet I am inclined to look upon compression as both the mildest and least hazardous of the three, and it should therefore be preferred in recent and minor cases. Should it repeatedly fail, injections should be employed, and in very obstinate and inveterate cases I should not hesitate to adopt Boyer's plan of free incision into the joint, and of closing its cavity by suppuration.

Case of Excision of the Elbow-Joint.

By DANIEL AYRES, M.D., L.L.D.,

Surgeon to the Long Island College Hospital.

A male child, twenty months old, was brought to the clinic of the Long Island College Hospital, on the 12th of December, 1857. Its left elbow-joint was swollen to three times the size of its fellow of the opposite side, the investing tissues infiltrated with plastic matter and œdematous. The skin covering the joint congested, and of a dark brick color; the parts tender on handling. A fistulous opening discharging pus was visible an inch and a half below the olecranon process, and on the ulnar side of the arm, through which a probe could be freely passed into the joint, disclosing extensive denudation of bone. The child moved the arm freely, but not at the elbow, and when the arm and forearm were firmly grasped, and brought in contact, the opposing surfaces were felt grating upon each other. The previous history of the case, so far as could be ascertained, is as follows :

The child was healthy when born, nursed during the first few months, and subsequently fed; had very little trouble during dentition, and thrived well. No constitutional cause is present, nor to be obtained from its parentage, to account for the present malady. Eleven months ago the child's mother (who is since dead) fell with the child in her arms, striking its left arm against the floor; it did not seem to be much injured at the time, but soon after the elbow became swollen and stiff, it was rubbed with oil and lard, and a light bandage applied. After the lapse of four months, during which the child occasionally suffered considerable pain, and had some fever, a fluctuating tumor appeared in the position of the present opening. This was lanced at the dispensary—ordered to be poulticed, and medicine directed—supposed to be iodide of potass.

The condition of the elbow has since exhibited little change, but has been less painful; it discharges moderately at present. The child sleeps poorly, has occasional free perspirations, and a capricious appetite. Its general appearance is stunted, its growth being modified by a partial arrest of nutrition, due to irritation and constitutional sympathy with a disease which is apparently localized.

On the 14th of December the child was admitted as an in-patient, and excision of the joint decided upon; chloroform administered. A long incision over the ulnar side of the arm, with another meeting it at right angles over the olecranon, was insufficient to expose the joint, on account of the matted condition of the tissues. Another parallel

to the first, and thus forming "the H incision," allowed the olecranon to be readily removed with the bone forceps. Access being thus had to the interior of the joint, the head of the radius was removed in a similar manner. The distal extremity of the humerus contained a carious cavity at the junction of the external condyle with the shaft of the bone; it was removed with a fine saw, applied so as to include all diseased tissue. The synovial membrane which remained, investing the ligaments, had suffered degeneration, was gelatinous, soft, and mammillated, and was accordingly removed with curved scissors. The hæmorrhage was trifling, and readily yielded to the application of ice, after which the wound was closed by suture, plaster, and retentive bandage; the limb placed in a wire splint, and in the straight position. Ordered tinct. opii gss. iij to be given, and repeated every two hours until sleep ensued.

December 15th. Child slept after several repetitions of anodyne—a little febrile reaction with thirst—no hæmorrhage.

December 16th. Slept well without anodyne; wound dressed; tumidity of joint diminished; wound uniting, and healthy; very little suppuration; removed sutures.

Bowels moved spontaneously; looks a little pale, but cheerful; has taken milk and crackers; allowed beef tea in addition; limb gently flexed, and placed diagonally across the body.

December 20th. Patient has continued to improve in every respect. The transverse wound is firmly united, and the others granulating kindly. No infiltration of pus.

January 2d. Child greatly improved, and, according to the nurse, better than it was for months before the operation. No pus discharged on pressure, and the wounds nearly closed; directed daily passive motion of the joint.

February 1st. The patient was brought to the hospital, and examined. The angle of flexion and extension is almost natural and without crepitus. The functions of rotation and supination appear very little impeded. The child uses the limb in conveying food to its mouth and handling its playthings. Very little difference is appreciable in the comparative length of the upper extremities, and the joint itself is rapidly assuming its natural state.

Since finishing this communication, the axillary glands (which remained tumefied after the patient was dismissed) have suppurated; the abscess, on being opened, discharged healthy pus.

So far as is known, the present appears to be the youngest subject upon whom this operation has been performed, at least in this country.

ON DR. DICKSON AND HOMŒOPATHY.

TO THE EDITOR OF THE MEDICAL GAZETTE:

I have read with interest the remarks of Dr. Dickson, of Charleston, in the last number of the GAZETTE, and regret that so respectable a physician should take the position, "that the appointment of a Homœopath as Professor in a Medical College does not make it incumbent on the members of a Faculty, into which he had been introduced by the trustees, to resign." His chief argument in support of this position is, "that the time-honored school of Edinburgh, where taught Cullen, the Munroes, the Gregories, and Alison, we find Professor Henderson, a champion of Homœopathy, occupying a chair with Simpson and Bennet, Laycock and Christison, as his colleagues." I admit this to be true, but it must be remembered that men of eminent talents are not always exempt from inconsistencies—a fact which these professors certainly exemplify in the present instance. For the sake of their lucrative professorships, or some other cause, they consent to be placed upon an equality with one whose system and teachings they regard as false and pernicious; and if a course like this, which puts truth and falsehood on the same level, has not a tendency to lower them in the estimation of high-minded physicians, as Dr. Dickson says it has not, then it is most certain that our profession is ingloriously on the wane. "They hold their places," he says, "by the unanimous consent of high-minded physicians all over the world." This doubtless is his honest opinion. It is my honest opinion that a very great majority of the high-minded physicians "all over the world" disapprove their course in this matter. How can it possibly be otherwise, unless consistency is no longer to be regarded, and has ceased to command respect? Sir John Forbes, one of the editors of the *Medico-Chirurgical Review*, not only a high-minded, but a world-renowned physician, in admitting that Homœopathy had been indirectly useful, as the older farce of the weapon ointment undoubtedly had, in teaching physicians to rely more on nature, remarks, "it is melancholy to be forced to make admissions in favor of a system so utterly false and despicable as Homœopathy." His opinion as to the course of these Edinburgh professors may readily be inferred. Similar opinions of high-minded physicians "all over the world" might be multiplied indefinitely, but it is useless. Does not Dr. Dickson believe that if a Homœopath should be appointed to the chair of the Theory and Practice of Medicine, and his pupils should practically carry out his teachings, that many would lose their lives

from inefficient treatment? He, and the Edinburgh professors also, *must* believe this, unless they regard all medical treatment as a useless sham; yet the latter consent that this teacher shall become one of the number, one of the Faculty, and it meets Dr. Dickson's most "respectful approval." It is plain that this course must mislead the non-medical public, it being very natural to conclude that the professors of the same college, who are on the same footing, equally teach true medical science. If a Thompsonian, whose system formerly was very popular in some parts of the country, or a disciple of any other species of quackery, were appointed by the trustees, the principle being the same, Dr. Dickson, to be consistent, must give this also his "heartly approval." He could not withhold his consent, if the trustees so willed to be associated in the same Faculty with the followers of any delusion whatever; and, indeed, he regards Homœopathy as one of the greatest. A course like this, should it become general, would convert our colleges into mere theatres for the enactment of medical farce, for the amusement of the attendants. Some would set up what others would knock down, and truth and falsehood be utterly confounded. Dr. Dickson says that "a Homœopath may be sincere, earnest, truthful, and morally trustworthy as himself or any other man." This I grant, but does he know any such? If he does, his experience has been more fortunate than mine. The test is a strict adherence under all circumstances to the system. I have been cognizant of the practice of quite a number, and I never knew but one that did so adhere, and he has long since quit the practice; all the others, in bad cases combat the enemy with stolen weapons. An able writer in the *Atlantic Magazine*, in a notice of Pulte's Homœopathic Practice, says, "most scientific men see through its deceptions at a glance. It may be practiced by shrewd men, and by honest ones; rarely we fear by those who are both shrewd and honest; as a physiological experiment on the weakness of cultivated minds, it is the best trick of the century." No, Mr. Editor, Homœopathy being based upon a universal law of cure, like cures like, cannot in any degree coalesce with any other system. If true, no disease ever was or ever will be cured in any other manner. There can be but one universal law of cure, which of course admits of no exception. One exception proves the non-existence of any such law, and that Homœopathy is nowhere except in the brains of a few fanciful or weak-minded men. What we ask is, that the Homœopaths stick *honestly* and *literally* to their universal law, build colleges and found hospitals of their own, and not seek to intrude themselves into those of the regular profession.

P.

SELECTIONS.

ON BLOOD-LETTING IN PNEUMONIA.

In the course of five years there have been treated at the Leipsic Klinik 204 cases of pneumonia, of which number 36 (17.06 per ct.) ended fatally; but if we abstract from these those cases which were brought to the hospital *in extremes*, and count only those which were actually treated there, there were then 190 cases with 11 deaths (11.57 per cent.) Among the fatal cases, three were treated by bleeding, as were 44 of the cases that recovered, making the mortality of those so treated 6.38 per cent. The fatal cases were examples of pneumonia complicated with disease of other organs.

In 114 of the patients, loss of blood occurred during the course of the pneumonia, whether from local or general bleeding, epistaxis or menstruation; and of this number 9 (including the 3 treated by bleeding) died, *i. e.*, 8.89 per cent. In 76 cases, no loss of blood whatever occurred during the progress of the case, and of these 13 or 17.10 per cent. died, not including persons brought in agony, and who had not in general been treated by bleeding. Thus it results that—1. In cases in which there was loss of blood in general the mortality was 7.89 per cent. 2. In those in which venesection had been employed, 6.38 per cent. 3. In those in which a complete conservation of blood took place, a mortality of 17.10 per cent.

The author enters into an elaborate comparative statement of the influence which the loss of blood exerts upon the time and termination of the fever, and of the commencement of the healing process. Pneumonia, he observes, possesses, in the vast majority of cases, the peculiarity of commencing with very determinate symptoms, (severe chills, unequal distribution of the blood, and rapid increase of the objective temperature of the trunk,) which are immediately followed by acute continued fever (increase of temperature, rapidity of pulse, &c.) In favorable cases there is this further peculiarity, that at about the period of the completion of the exudative process (cessation of increased dullness on percussion, and of the bloody sputa) the febrile symptoms rapidly disappear, the delirium alone continuing awhile if it has been very violent. In this respect pneumonia approaches the eruptive fevers, and forms a contrast to other inflammatory diseases, as abdominal typhus, pleurisy, peritonitis, meningitis, bronchitis, etc. Wishing to avoid the ambiguity which would ensue upon the adoption of the word *crisis*, the author designates this passage of the economy from a feverish to a feverless state, *defervescence*. It is no accidental occurrence, but a pro-

cess which is sometimes rapid, sometimes slow, and may be complete or incomplete, protracted, uninterrupted, or remittent. A rapid defervescence is decisive for the quick convalescence of the patient; but in cases in which it is remittent are rare, yet, when it is protracted, uninterrupted, it is of bad augury for the patient, even when the disease is slight.

As a standard for judging the effects of therapeutical agents upon the period of defervescence, the professor first selects thirty-two cases treated by expectation, and in which the exact time of its commencement was noted. Taking 10 of severe and 10 of the medium cases, the defervescence commenced at the seventh or eighth day; but taking the entire number, in adding 12 slight cases, it occurred at the sixth or seventh day. Judging from 9 cases which came under his notice, (2 of menstruation and 7 of epistaxis,) spontaneous bleeding proved rather favorable, as the improvement dated from the appearance of the bleeding.

Local without general bleeding was followed by recovery in 36 cases. In 26 it was employed either alone or in conjunction with medicines, such as digitalis, ipecacuanha, which exert no appreciable effort in expediting the period of defervescence, and in 10 it was combined with tartar emetic, which does exert an effect of this kind. Of the first series, rapid defervescence took place in 7 slight and medium cases in from the third to the sixth day, and in 19 bad cases it varied from the second to the ninth day. In the 10 cases of the second series, it took place from the third to the seventh day.

In 39 cases, in which the commencement of the disease could be accurately ascertained, venesection was employed. First, in 18 of these it was employed on the first or second day. In 10 of these there was immediate arrest of the process; in 2, immediate arrest, with a somewhat slower continuance of improvement; in 5, a considerable diminution of fever, with a later but less considerable return, the fever ceasing in 4 cases on the sixth, and in 1 on the seventh day. In 1 no effect was produced, improvement following only after local bleeding. Secondly, in 21 the venesection was performed from the third to the fifth day; but in none of these cases was bleeding the only means employed. The results obtained even here contrasted very favorably with those obtained by expectative treatment. It was found that the conjunction of tartar emetic hastened the period of defervescence somewhat, that of local bleeding was scarcely of any effect, while the addition of digitalis was of no effect whatever.—*Med. Times and Gaz.*, June 5th, 1857; *Virchow's Archiv.*, 1856.

VALEDICTORY ADDRESS.

Delivered March 10th, 1858, to the Medical Graduates of Harvard University, and communicated to the Boston Medical and Surgical Journal.

By OLIVER WENDELL HOLMES, M.D.

GENTLEMEN OF THE GRADUATING CLASS—It is my grateful duty to address you a few words in the name of the Medical Faculty, under the auspices of which you have just entered the Medical Profession. In their name I welcome you to the labors, the obligations, the honors and the rewards which, if you are faithful, you may look for in your chosen calling. In their name I offer you the hand of fellowship, and call you henceforth brothers. These elder brethren of the same great family repeat to you the words of welcome. The wide community of practitioners receives you in full communion from this moment. You are enrolled hereafter on that long list of the Healers of men, which stretches back unbroken to the days of Heroes and Demigods, until its earliest traditions blend with the story of the brightest of the ancient Divinities.

Once *Medicinæ Doctor*, always *Doctor Medicinæ*. You can unfrock a clergyman and unwed a husband, but you can never put off the title you have just won. Trusting that you will always cling to it, as it will cling to you, I shall venture to offer a few hints which you may find of use in your professional career.

The first counsel I would offer is this: Form a distinct PLAN for life, including duties to fulfil, virtues to practice, powers to develop, knowledge to attain, graces to acquire. Circumstances may change your plan, experience may show that it requires modification, but start with it as complete as if the performance were sure to be the exact copy of the programme. If you reject this first piece of advice, I am afraid nothing else I can say will be of service. Some weakness of mind or of moral purpose can alone account for your trusting to impulse and circumstances. Nothing else goes on well without a plan—neither a game of chess, nor a campaign, nor a manufacturing or commercial enterprise; and do you think that you can play this game of life, that you can fight this desperate battle, than you can organize this mighty enterprise, without sitting down to count the cost and fix the principles of action by which you are to be governed?

It is not likely that any of you will deliberately lay down a course of action pointing to a low end, to be reached by ignoble means. But keep a few noble models before you. For faithful life-long study of

science you will find no better example than John Hunter, not satisfied until he had the pericardium of nature open and her heart lying naked in his hand. For calm, large, illuminated, philosophical intellect, hallowed by every exalted trait of character, you will find in vain for a more perfect pattern than Haller. But ask your friends who is their living model, and if they all give you the same name ask them why he is thus honored, and their answers will go far towards furnishing the outline of that course I would hope you may lay down and follow.

Let us look, in the very brief space at our disposal, at some of those larger and lesser rules which might be supposed to enter as elements into the plan of a physician's life.

Duty draws the great circle which includes all else within your responsibility to the Head Physician of this vast planetary ambulance, or travelling hospital which we call Earth, I need not say little. We reach the Creator chiefly through his creatures. He who gave the cup of cold water to the disciple gave it to the Master, and whoso received that Master received the Infinite Father who sent him. If performed in the right spirit, there is no higher worship than the unpurchased service of the medical priesthood. The sick man's benediction reaches heaven through the battered roof of his humble dwelling before the *Te Deum* that reverberates in vast cathedrals.

Your duty as physicians involves the practice of every virtue and the shunning of every vice. But there are certain virtues and of pre-eminent necessity to the physician, and certain vices and faults against which he must be particularly guarded.

And first, of *truth*. Lying is the great temptation to which physicians are exposed. Clergymen are expected to tell such portions of truth as they think will be useful. Their danger is the suppression rather than direct falsehood. Lawyers stand in professional technical relations to veracity. Thus, the clerk swears a witness to tell the truth, the whole truth, and nothing but the truth; but the lawyer is expected to get out of the witness not exactly the truth, but a portion of the truth, and nothing but the truth—which suits his purpose. The fact that there are two lawyers pulling at the witness in opposite directions, makes it little better; the horses pulled different ways make that horrid old punishment of tearing men to pieces; so much worse for the man. But this is an understood thing, and we hesitate to believe a lawyer—outside of the court-room.

The physician, however, is not provided with a special lie

say the thing which is not. He is expected to know the truth, and to be ready to tell it. Yet nothing is harder than for him always to do it. Whenever he makes an unnecessary visit, he tells a lie. Whenever he writes an unnecessary prescription, he tells a lie. It is audibly whispered that some of the "general practitioners," as they are called in England, who make their profit on the medicines they dispense, are apt to be too fond of giving those which can be charged at a pleasing figure in their accounts. It would be better if the patient were allowed a certain discount from his bill for every dose he took, just as children are compensated by their parents for swallowing hideous medicinal mixtures.

All false pretences whatsoever, acted or spoken; all superficial diagnoses, where the practitioner does not know that he knows, or, still worse, knows that he does not know; all unwarranted prognoses and promises of cure; all claiming for treatment that which may have been owing to Nature only; all shallow excuses for the results of bad practice, are lies and nothing else.

There is one safe rule which I will venture to lay down for your guide in every professional act, involving the immediate relation with the object of your care; so plain that it may be sneered at as a truism, but so difficult to follow that he who has never broken it deserves canonizing better than many saints in the calendar: *A physician's first duty is to his patient; his second only, to himself.*

All quackery reverses this principle as its fundamental axiom. Every practitioner who reverses it is a quack. A man who follows it may be ignorant, but his ignorance will sometimes be safer than a selfish man's knowledge.

You will find that this principle will not only keep you in the great highway of truth, but that if it is ever a question whether you must leave that broad path, it will serve you as a guide. A lie is a deadly poison. You have no right to give it in large or small doses, for any selfish purpose connected with your profession, any more than for other selfish objects. But as you administer arsenic or strychnia in certain cases, without blame; nay, as it may be your duty to give them to a patient; are there not also cases in which the moral poison of deceit is rightly employed for a patient's welfare? So many noble-hearted and conscientious persons have scruples about any infraction of the absolute rule of truth, that I am willing briefly to discuss and illustrate a question which will often be presented to you hereafter.

Truth in the abstract is perhaps made too much of, as compared to

certain other laws established by as high authority. If the Creator made the tree-toad so like the moss-covered bark to which it clings, and the larva of a *sphinx* so like the elm-leaf on which it lives, and that other larva so exquisitely like a broken twig, not only in color, but in the angle at which it stands from the branch to which it holds, with the obvious end of deceiving their natural enemies, are not these examples which man may follow? The Tibboo, when he sees his enemy in the distance, shrinks into a motionless heap, trusting that he may be taken for a lump of black basalt, such as is frequently met with in his native desert. The Australian, following the same instinct, crouches in such form that he may be taken for one of the burnt stumps common in his forest region. Are they not right in deceiving, or lying, to save their lives? or would a Christian missionary forbid their saving them by such a trick? If an English lady were chased by a gang of murdering and worse than murdering Sepoys, would she not have a right to cheat their pursuit by covering herself with leaves, so as to be taken for a heap of them? If you were starving on a wreck, would you die of hunger rather than cheat a fish out of the water by an artificial bait? If a school-house were on fire, would you get the children quietly down stairs under any convenient pretence? or tell them the precise truth, and so have a rush and a score or two of them crushed to death in five minutes?

These extreme cases test the question of the absolute inviolability of truth. It seems to me that no one virtue can be allowed to exclude all others, with which in this mortal state it may sometimes stand in opposition. Absolute justice must be tempered by mercy; absolute truth by the law of self-preservation, by the harmless deceits of courtesy, by the excursions of the imaginative faculty, by the exigencies of human frailty, which cannot always bear the truth in health, still more in disease.

Truth is the breath of life to human society. It is the food of the immortal spirit. Yet a single word of it may kill a man as suddenly as a drop of prussic acid. An old gentleman was sitting at table, when the news that Napoleon had returned from Elba was told him. He started up, repeated a line from a French play, which may be thus Englished—

The fatal secret is at length revealed,

and fell senseless in apoplexy. You remember the story of the old man who expired on hearing that his sons were crowned at the Olympic

games. A worthy inhabitant of a village in New Hampshire fell dead on hearing that he was chosen town clerk.

I think the physician may, in extreme cases, deal with truth as he does with food, for the sake of his patient's welfare or existence. He may partly or wholly withhold it, or, under certain circumstances, medicate it with the deadly poison of honest fraud. He must often look the cheerfulness he cannot feel, and encourage the hope he cannot confidently share. He must sometimes conceal and sometimes disguise a truth which it would be perilous or fatal to speak out.

I will tell you two stories to fix these remarks in your memory. When I was a boy, a grim old doctor in a neighboring town was struck down and crushed by a loaded sledge. He got up, staggered a few paces, fell and died. He had been in attendance upon an ancient lady, a connection of my own, who at that moment was lying in a most critical position. The news of the accident reached her, but not its fatal character. Presently the minister of the parish came in, and a brief conversation like this followed. "Is the Doctor badly hurt?" "Yes, badly." "Does he suffer much?" "He does not; he is easy." And so the old gentlewoman blessed God and went off to sleep, to learn the whole story at a fitter and safer moment. I know the minister was a man of truth, and I think he showed himself in this instance a man of wisdom.

Of the great caution with which truth must often be handled, I cannot give you a better illustration than the following from my own experience. A young man, accompanied by his young wife, came from a distant place, and sent for me to see him at his hotel. He wanted his chest examined, he told me. Did he wish to be informed of what I might discover? He did. I made the *ante-mortem* autopsy desired. Tubercles; cavities; disease in full blast; death waiting at the door. I did not say this, of course, but waited for his question. "Are there any tubercles?" he asked presently. "Yes, there are." There was silence for a brief space, and then, like Esau, he lifted up his voice and wept; he cried with a great and exceeding bitter cry, and then the twain, husband and wife, with loud ululation and passionate wringing of hands, shrieked in wild chorus like the *keeners* of an Irish funeral, and would not be soothed or comforted. The fool! He had brought a letter from his physician, warning me not to give an opinion to the patient himself, but to write it to him, the medical adviser, and this letter the patient had kept back, determined to have my opinion from my own lips, not doubting that it would be favorable. In six

weeks he was dead, and I never questioned that his own folly and my telling him the naked truth killed him before his time.

If the physician, then, is ever authorized to tamper with truth, for the good of those whose lives are intrusted to him, you see how his moral sense may become endangered. Plain speaking, with plenty of discreet silence, is the rule; but read the story of the wife of Cæcinnæ Pætus, with her sick husband and dead child, in the letters of Pliny the Younger (Lib. III., XIV.), and that of good King David's faithful wife Michal, how she cheated Saul's cut-throats (1 Samuel, XIX. 13,) before you proclaim that homicide is always better than *vericide*.

If you can avoid this most easily besetting sin of falsehood, to which your profession offers such peculiar temptations, and for which it affords such facilities, I can hardly fear that the closely related virtues which cling to truth, honesty, and fidelity to those who trust you, will be wanting to your character.

That you must be temperate, so that you can be masters of your faculties at all times; that you must be pure, so that you shall pass the sacred barriers of the family circle, open to you as to none other of all the outside world, without polluting its sanctuary by your presence, it is, I think, needless for me to urge.

Charity is the eminent virtue of the medical profession. Show me the garret or the cellar which its messengers do not penetrate; tell me of the pestilence which its heroes have not braved in their errands of mercy; name to me the young practitioner who is not ready to be the servant of servants in the cause of humanity, or the old one whose counsel is not ready for him in his perplexities, and I will expatiate upon the claims of a virtue which I am content to leave you to learn from those who have gone before you, and whose footprints you will find in the path to every haunt of stricken humanity.

But there are lesser virtues, with their corresponding failings, which will bear a few words of counsel.

First, then, that honorable reserve with reference to the history of his patients, which should belong to every practitioner. No high-minded or even well-bred man can ever forget it; yet men who might be supposed both high-minded and well-bred have been known habitually to violate its sacred law. As a breach of trust, it demands the sternest sentence which can be pronounced on the offence of a faithless agent. As a mark of vanity and egotism, there is nothing more characteristic than to be always babbling about one's patients, and nothing brings a man an ampler return of contempt among his fellows.

But as this kind of talk is often intended to prove a man's respectability by showing that he attends rich or great people, and as this implies that a medical man needs some contact of the kind to give him position, it breaks the next rule I shall give you, and must be stigmatized as *leze-majesty* toward the Divine Art of Healing.

This next rule I proclaim in no hesitating accents: *Respect your own profession!* If Sir Astley Cooper was ever called to let off the impure ichor from the bloated limbs of George the Fourth, it was the King that was honored by the visit, and not the Surgeon. If you do not feel as you cross the millionaire's threshold that your Art is nobler than his palace, the footman that lets you in is your fitting companion, and not his master. Respect your profession, and you will not chatter about your "patrons," thinking to guild yourselves by rubbing against wealth and splendor. Be a little proud—it will not hurt you; and remember that it depends on how the profession bears itself whether its members are peers of the highest, or the barely tolerated operatives of society, like those Egyptian dissectors, hired to use their ignoble implements, and then chased from the house where they had exercised their craft, followed by curses and volleys of stones. The Father of your Art treated with a Monarch as his equal. But the Barber-Surgeon's Hall is still standing in London. You may hold yourselves fit for the palaces of princes, or you may creep back to the Hall of the Barber-Surgeons, just as you like. Richard Wiseman, who believed that a rotten old king, with the *corona Veneris* encircling his forehead with its copper diadem, could cure scrofula by laying his finger on its subject—Richard Wiseman, one of the lights of the profession in his time, spoke about giving his patients over to his "servants" to be dressed after an operation. We do not count the young physician or the medical student as of menial condition, though in the noble humility of science to which all things are clean, or of that "entire affection" which, as Spencer tells us, "hateth nicer hands," they stoop to offices which the white-gloved waiter would shrink from performing. It is not here, certainly, where John Brooks—not without urgent solicitations from lips which still retain their impassioned energy—was taken from his quiet country rides, to hold the helm of our Imperial State; not here, where Joseph Warren left the bedside of his patients to fall on the smoking breastwork of yonder summit, dragging with him, as he fell, the curtain that hung before the grandest drama ever acted on the stage of time—not *here* that the

Healer of men is to be looked down upon from any pedestal of power or opulence !

If you respect your profession as you ought, you will respect the honorable practitioners in this honored calling. And respecting them and yourselves, you will beware of all degrading jealousies and despise every unfair art which may promise to raise you at the expense of a rival. How hard it is not to undervalue those who are hotly competing with us for the prizes of life ! In every great crisis our instincts are apt suddenly to rise upon us, and in these exciting struggles we are liable to be seized by that passion which led the fiery race-horse, in the height of a desperate contest, to catch his rival with his teeth as he passed, and hold him back from the goal by which a few strides would have borne him. But for the condemnation of this sin I must turn you over to the tenth commandment, which, in its last general clause, unquestionably contains this special rule for physicians—*Thou shalt not covert thy neighbor's patients.*

You can hardly cultivate any sturdy root of virtue but it will bear the leaves and flowers of some natural grace or other. If you are always fair to your professional brethren, you will almost of necessity encourage those habits of courtesy in your intercourse with them which are the breathing organs and the blossoms of the virtue from which they spring.

And now let me add various suggestions relating to matters of conduct which I cannot but think may influence your course, and contribute to your success and happiness. I will state them more or less concisely as they seem to require, but I shall utter them magisterially, for the place in which I stand allows me to speak with a certain authority.

Avoid all *habits* that tend to make you unwilling to go whenever you are wanted at any time. No over-feeding or drinking or narcotic must fasten a ball and chain to your ankle. *Semper paratus* is the only motto for a physician !

The necessity of *punctuality* is generally well understood by the profession in cities. In the country it is not unusual to observe a kind of testudinous torpor of motion, common to both man and beast, and which can hardly fail to reach the medical practitioner. Punctuality is so important, in consultations especially, to the patient as well as the practitioner, that nothing can excuse the want of it—not even having nothing to do—for the busiest people, as everybody knows, are the most punctual. There is another precept which I borrow from

my wise friend and venerated instructor, the Emeritus Professor of Theory and Practice; and you may be very sure that he never laid down a rule he did not keep himself. Endeavor always to make your visits to a patient at the same regular time, when he expects you. You will save him a great deal of fretting, and occasionally prevent his sending for your rival when he has got tired of waiting for you.

Your conduct in the sick room, in conversation with the patient or his friends, is a matter of very great importance to their welfare and to your own reputation. You remember the ancient surgical precept—*Tuto, cito, jucunde*. I will venture to write a parallel precept under it, for a manner in which a medical practitioner shall operate with his tongue; a much more dangerous instrument than the scalpel or the bistoury. *Breviter, suaviter, caute*. Say not too much, speak it gently, and guard it cautiously. Always remember that words used before patients or their friends are like coppers given to children; you think little of them, but the children count them over and over, make all conceivable imaginary uses of them, and very likely change them into something or other which makes them sick, and causes you to be sent for to clean out the stomach you have so unwittingly filled with trash; a task not so easy as it was to give them the means of filling it.

The forming of a diagnosis, the utterance of a prognosis, and the laying down of a plan of treatment, all demand certain particular cautions. You must learn them by your mistakes, it may be feared, but there are a few hints which you may not be the worse for hearing.

Sooner or later, everybody is tripped up in forming a diagnosis. I saw Velpeau tie one of the carotid arteries for a supposed aneurism, which was only a little harmless tumor, and kill his patient. Mr. Dease, of Dublin, was more fortunate in a case which he boldly declared an abscess, while others thought it an aneurism. He thrust a lancet into it and proved himself in the right. Soon after, he made a similar diagnosis. He thrust in his lancet as before, and out gushed the patient's blood and his life with it. The next morning Mr. Dease was found dead and floating in his own blood. He had divided the femoral artery. The same caution that the surgeon must exercise in his examination of external diseases, the physician must carry into all his physical explorations. If the one can be cheated by an external swelling, the other may be deceived by an internal disease. Be very careful; be very slow; be very modest in the presence of Nature. One special caution let me add. If you are ever so accurate in your physical explorations, do not rely too much upon your results. Given fifty men with a certain fixed amount of or-

ganic disease, twenty may die, twenty may linger indefinitely, and ten may never know they have anything the matter with them. I think you will pardon my saying that I have known something of the arts of direct exploration, though I wrote a youthful Essay on them, which, of course, is liable to be considered a presumption to the contrary. I would not, therefore, undervalue them, but I will say that a diagnosis which maps out the physical condition ever so accurately, is, in a large proportion of cases, of less consequence than the opinion of a sensible man of experience, founded on the history of the disease, though he has never seen the patient.

And this leads me to speak of prognosis and its fallacies. I have doomed people, and seen others doom them, over and over again, on the strength of physical signs, and they have lived in the most contumacious and scientifically unjustifiable manner as long as they liked, and some of them are living still. I see two men in the street, very often, who were both as good as dead in the opinion of all who saw them in their extremity. People will insist on living, sometimes, though manifestly *moribund*. In Dr. Elder's Life of Kane you will find a case of this sort, told by Dr. Kane himself. The captain of a ship was dying of scurvy, but the crew mutinied, and he gave up dying for the present, to take care of them. An old lady in this city, *near her end*, got a little vexed about a proposed change in her will; made up her mind not to die just then; ordered a coach; was driven twenty miles to the house of a relative, and lived four years longer. Cotton Mather tells some good stories which he picked up in his experience, or out of his books, showing the *unstable equilibrium* of prognosis. Simon Stone was shot in nine places, and as he lay for dead the Indians made two hacks with a hatchet to cut his head off. He got well, however, and was a lusty fellow in Cotton Mather's time. Jabez Musgrove was shot with a bullet that went in at his ear and came out at his eye on the other side. A couple of bullets went through his body also. Jabez got well, however, and lived many years. *Per contra*, Colonel Rossiter, cracking a plum-stone with his teeth, broke a tooth and lost his life. We have seen physicians dying, like Spigelius, from a scratch; and a man who had a crowbar shot through his head alive and well. These extreme cases are warnings. But you can never be too cautious in your prognosis, in the view of the great uncertainty of the course of any disease not long watched, and the many unexpected turns it may take.

I think I am not the first to utter the following caution : Beware

how you take away hope from any human being. Nothing is clearer than that the merciful Creator intends to blind most people as they pass down into the dark valley. Without very good reasons, temporal or spiritual, we should not interfere with his kind arrangements. It is the height of cruelty and the extreme of impertinence to tell your patient he must die, except you are sure that he wishes to know it, or that there is some particular cause of his knowing it. I should be especially unwilling to tell a child that it could not recover; if the theologians think it necessary, let them take the responsibility. God leads it by the hand to the edge of the precipice in happy unconsciousness, and I would not open its eyes to what he wisely conceals.

Having settled the cautious course to be pursued in deciding what a disease is, and what its course is to be; having considered how much of your knowledge or belief is to be told, and to whom it is to be imparted, the whole question of treatment remains to be reduced to system.

It is not a pleasant thing to find that one has killed a patient by a slip of the pen. I am afraid our barbarous method of writing prescriptions in what is sometimes fancifully called Latin, and with the old astrological sign of Jupiter at the head of them to bring good luck, may have helped to swell the list of casualties. We understand why plants and minerals should have technical names, but I am much disposed to think that good plain English, written out at full length, is good enough for anybody's use. Why should I employ the language of Celsus? He commonly used none but his own. However, if we must use a dead language, and symbols that are not only dead, but damned, by all sound theology, let us be very careful in forming those medical quavers and semiquavers that stand for ounces and drachms, and all our other enlightened hieroglyphics. One other rule I may venture to give, forced upon me by my own experience. After writing a recipe, make it an invariable rule to read it over, not mechanically, but with all your faculties wide awake. One sometimes writes a prescription as if his hand were guided by a medium—automatically, as the hind legs of a water beetle strike out in the water after they are separated from the rest of him. If all of you will follow the rule I have given, sooner or later some one among you will very probably find himself the author of a homicidal document, which but for this precaution might have carried out its intentions.

With regard to the exhibition of drugs as a part of your medical treatment, the golden rule is, *be sparing*. Many remedies you give

would make a well person so ill that he would send for you at once if he had taken one of your doses accidentally. It is not quite fair to give such things to a sick man, unless it is clear that they will do more good than the very considerable harm you know they will cause. Be very gracious with children especially. I have seen old men shiver at the recollection of the rhubarb and jalap of infancy. You may depend upon it that half the success of Homœopathy is due to the sweet peace it has brought into the nursery. Between the gurgling down of loathsome mixtures and the saccharine deliquescence of a minute globule, what tender mother could for a moment hesitate?

Let me add one other hint which I believe will approve itself on trial. After proper experience of the most approved forms of remedies or of such as you shall yourselves select and combine, make out your own brief list of real every-day prescriptions, and do not fall into the habit of those extemporaneous, fancy-combinations, which amuse the physician more than they profit the patient. Once more: if you must give a medicine, do it in a manly way, and not in half doses, hacking but not chopping at the stem of the deadly fruited tree you would bring down. Remember this, too; that although remedies may often be combined advantageously, the difficulty of estimating the effects of a prescription is as the square of the number of its ingredients. The deeper you wade in polypharmacy, the less you see of the ground on which you stand.

It is time to bring these hurried and crowded remarks to a close. Reject what in them is false, examine what is doubtful, remember what is true; and so, God bless you, Gentlemen, and Farewell!

AMERICAN MEDICAL ASSOCIATION.

This body will meet in the Capitol of the United States on the first Tuesday in next month. What it may do or leave undone the future will reveal. That it has in its power to do much for the profession at large is very frequently denied. But no great moral force has ever yet been inoperative within the pale of civilization. Some men's conception of force is circumscribed by the idea of physical power under legal direction. They are law-abiding men, because they are obliged to be or suffer the consequences, which they do not choose to do. "O," say they, "the Association has no power." They mean that it has not

legal ability to cudgel its members into a recognition of its behests. They have no just appreciation of moral weight. With them it is a myth, a sun-fringed cloud of the imagination, a gilded nonentity. There is no law against the bestiality of habitual drunkenness, hard swearing, infidelity, open and unrestrained impiety, mormonism, millerism, materialistic spiritualism, free-loveism and a hundred other abominations; but there is a great moral force generated in the consciences of the wise and good, which sooner or later grinds all such offences, vagaries, and delusions into an unpalpable powder, and drives their propagators and abettors from the face of day.

If such a moral force exists in the profession as we have always been delighted to believe was its leading characteristic, then this force must continue to be reflected by its representative congress, and thence be radiated to the remotest bounds of the calling, compelling respect and acquiescence with infinitely more certainty than was ever awarded to penal code, though backed by the harpies of justice armed with the bludgeons of the law.

If medicine would secure the high destiny she deserves, let it as a profession *steer clear of church or state*. Neither the one nor the other has ever failed to degrade her to the utmost of its power. United it is strong enough of itself for all the purposes of protection; and if it were not it would be but madness to appeal to sources for that high object, all of whose antecedents betray a disposition to destroy.

After all, when it is considered that the American Medical Association is but a representative body, nothing more can be expected of it than that it should be the exponent and reflector of its constituency. Whatever is wrong there, must of necessity be wrong in that which delegated it. It is not to be expected that the wrong is to be corrected there, but rather among those it represents. It is but fair to presume that it is rather the business of the medical journals to attempt the correction of evils, which naturally spring from such a soil as medicine, than that of the Association, which is supposed to be the representative of the profession as it exists.

Whatever may be said or written to the contrary, that the greatest trouble in the Association results from the schools represented, as such, in it, we have not a shadow of a doubt. Nothing but trouble has come of this rule from the beginning, and as there is no earthly necessity of its continuance, it is to be hoped that the amendment proposed by it, at the meeting at Nashville, will at the next meeting be introduced into the organic law of Association. This resolution

does away with the representatives of schools as such. It does not, ~~some~~ some desire to contend, disfranchise professors of medical schools—~~no~~ at all. For such can represent societies, as they very often now do. Hospitals, too, by all means, should share the same fate of the schools. Men are placed in hospitals by political maneuvers. A man may be ousted for unprofessional conduct from the Association, and thus render himself all the more acceptable to politicians, who afterwards, and perhaps on that very account, place him at the head of a hospital. He can now return, under our Constitution, and demand admission as the representative of his hospital. In these meetings all feel a desire to avoid exciting topics, and to promote harmony and concert, and it is precisely this feeling of which designing men take advantage, in order to secure a recognition that will promote their home schemes.

If it unwisely be determined to continue the school and hospital representation, then the necessity of rigid action upon Dr. Currey's resolution must be apparent to all. Let the Association define plainly what the medical schools must do or leave undone, in order to secure representation. Especially let the curriculum of studies, the length of sessions, whether a candidate for a degree can attend two sessions, or his last session and any part of his first the same year, and the number of professors. We say, let the committee state the points definitely.

But rather than to be annoyed with this subject at all, it does seem to us, in view of past experience, that peace-loving men enough in the Association ought to be found to give it a permanent rest under the resolution of Dr. Lindsay. To the schools hospitals should be added, and to hospitals the medical staff of the army and navy, as such. All of these institutions are more or less under the law, and the law is under politicians. And from this source evils may arise in all, and we know they do arise in some of them.

We are among those who hope much from the American Medical Association: who believe that it has accomplished much, and is capable of accomplishing more for the best interests of the profession at large. It is not wise to fall out with an institution, because it has not or cannot secure all we impatiently desire in a given time, if at all. The Christian religion has only benefited a small portion of the world in eighteen hundred years. Even so, the glory of Britain, Germany, and the United States, covers but a fraction of the Christian world. Republicanism makes slow progress in conquering the nations, yet the,

in America, estimate these institutions at less value on this

very true-hearted practitioner of medicine resolve to sustain the American Medical Association as the priceless jewel of the American profession. Let "Young America" of medicine hold up his hand.

A CANDID CONFESSION.

Dr. B. remarked that the case was one of the most interesting ever seen. The rational and physical signs were entirely consistent with chronic effusion into the chest. The whole of the left side of the thorax was uniformly and evenly distended from the summit to the base, and was perfectly flat and inelastic on percussion. The respiratory murmur was absent everywhere, and the heart dislocated to the right of the sternum. There was nowhere on the surface of the body any tumor perceptible. Dr. B. had not the least doubt that there was an immense amount of effusion, which caused the great, asphyxia, lividity of countenance, &c. He made three punctures with the *exploratory trocar*, viz., behind, at the side, and in front. The fluid of serum came from the last, but only a few drops of blood from the others. The patient suffered no pain, and, in fact, seemed better after the operation than before, but sunk within twenty-four hours. The interesting points in the case were the entire impossibility of diagnosing, from the physical signs, that the tumor, found after death, was a tumor; 2d, the evident ease with which three punctures were made; 3d, the patient. Dr. B. had observed this result on previous occasions in other patients when no fluid was obtained. The patients were not worse, but were rather brighter after than before the operation. *Boston Med. & Surg. Journ.*

Compound Syrup of Phosphates, or Chemical Food.

A very valuable solution of the Phosphates of Iron, Lime, Soda and Potash, under the foregoing title, has been employed for several years in the City of Philadelphia. The modes of preparing it have varied among the various Pharmacentists. The concern claiming to have the original preparation of Professor Jackson (who first introduced it into use) for the purpose of medicine, decline to make their mode public. In all of them, phosphoric, lactic, and muriatic acids are employed as the vehicles. We received, in June last, from Mr. Parrish, of Philadelphia,

his formula for it, which he has since published in the *American Journal of Pharmacy* (November No., 1857.) Though differing somewhat from that sent us, we give it place, as follows :

Take of Protosulphate of Iron,	3 x.
Phosphate of Soda,	3 xij.
Phosphate of Lime,	3 xij.
Phosphoric Acid, glacial,	3 xx.
Carbonate of Soda,	℥ ij.
Carbonate of Potassa,	3 j.
Muriatic Acid,	} of each sufficient.
Water of Ammonia,	
Powdered Cochineal,	3 ij.
Water, sufficient to make,	ss. 3 xx.
Sugar,	℔b. ij. Troy.
Oil of Orange,	m. x.

Dissolve the sulphate of iron in two fluid ounces of boiling water, and the phosphate of soda in four fluid ounces of boiling water. Mix the solutions, and wash the precipitated phosphate of iron till the washings are tasteless.

Dissolve the phosphate of lime in four fluid ounces of boiling water, with sufficient muriatic acid to make a clear solution, precipitate it with water of ammonia, and wash the precipitate.

To the freshly precipitated phosphates as thus prepared, add the phosphoric acid previously dissolved in the water. When clear, add the carbonates of soda and potassa, and afterwards sufficient muriatic acid to dissolve the precipitate.

Now add the cochineal mixed with the sugar, apply heat, and when the syrup is formed, strain and flavor it.

Each teaspoonful contains about 1 grain of phosphate of iron and 2½ grains of phosphate of lime, with smaller proportions of the alkaline phosphates, all in perfect solution.

Mr. Richardson, in a formula for this Chemical Food, published since the above, proposes the employment of pyrophosphate instead of protosulphate of iron, and of citric instead of phosphoric acid, as it lessens the cost of its production.

This compound syrup is permanent, and agreeable to the eye and taste; is but slightly acid and ferruginous; the naturally insoluble phosphates being in a state of solution, are more readily absorbed. It is employed as a nutritive tonic in place of less agreeable and efficient tonics and chalybeates, in those cases of chronic debility, or conditions in which there exists a waste of the elementary matter of the system.

—*P. & I. Med. Jour.*

[From the Peninsular Journal of Medicine.]

A Homœopath in, or rather out of, a Provincial Infirmary in Hull, England—Commendable course of the Clergy—Remarks on the course of the Clergy towards the Medical Profession.

In confirmation of the intelligence which we have spread before our readers respecting the manner in which homœopathy is regarded and treated when appearing in the public institutions of Europe, we notice in the *London Medical Times and Gazette* for June 13th, 1857, that a Dr. Harner, who held a position as physician to an Infirmary in Hull, England, professed to have become a convert to homœopathy, and asked to have separate wards given him for the purpose of practicing the "system" on some of the patients of the institution. This led to a request from the Weekly Board that Dr. H. would resign. On his refusing to do so, a special meeting of the General Board was called to decide upon his position in the hospital. After a "long discussion, in which the clergy took an active part on the side of legitimate medicine," Dr. H. concluded to tender his resignation, which, of course, was readily accepted. The *Times and Gazette* "congratulates the other medical officers on their success in clearing the Hull Infirmary from the stain of the homœopathic absurdity."

We would commend this case to the Board of Directors of the Chicago Hospital, which seems still to be in a state of suspended animation, if they are not too wise to need precedent for their guide.

In reading this account, we were, of course, pleased with the position taken by the clergy who were members of this Infirmary Board, and, with such a text before us, cannot refrain from a few remarks respecting the course of the clergymen among us, in relation to our profession.

Though many of the clergy are inclined to favor new medical theories and pretended panaceas, and even give their open endorsement to doctrines and practices of which they are profoundly ignorant—of which they cannot have an appreciative understanding, and which have so often proved to be absurdities and deceptions; yet this is by no means true of all, nor, according to our observation, of as large a proportion of them as many of our medical brethren seem to suppose; and we have noticed of late that some of the clergy who have been led astray from the path of common sense and common prudence, are seeing their error and retracing their steps, while others, who have formed no definite opinions, and have looked upon these wild vagaries with indifference, are now seeing the dangers to which they may lead.

That spirit of reckless innovation which induces men to set aside all

the authority of the past, and to embrace, without due examination, every novelty that is presented, has been telling with fearful effect upon the religious and social opinions and practices of the people, as well as upon their medical notions. This, many of the clergy most distinctly see and feel; and they further see, that the encouragement of this spirit in regard to medicine, which many of them so thoughtlessly have given, has had its effect upon subjects especially within their own province.

No observing man, (and the clergy should be observing men,) can have failed to notice the striking sympathies existing between the different shades of modern, transcendental spiritualism and its kindred system of infinitesimal homœopathy—between the delusion of Mormonism and the various modifications of Thompsonianism, or Botanic Eclecticism—indeed between every religious delusion and every medical humbug.

The clergy must have also frequently noticed how often the same persons reject simultaneously faith in all religion and confidence in all medical treatment. In short, they must have seen that heterodoxy and infidelity have ever been, to a large extent, associated with the rejection of legitimate medicine.

It is no wonder, then, that as they discover the affinities of all error relating to whatever subject, and the affinities and harmonies of all truth, whether relating to spiritual or material things, their eyes are beginning to be opened, and they are turning their faces against the wild speculations of a German dreamer in medicine, as leading to similar wild dreams in theology and morals.

In this view of the subject, we can well understand how the clergy in the case of the Hull Infirmary, in addition to the benevolent impulse of having the sick poor treated in the best and most scientific manner should find an additional motive for taking an active part on the side of legitimate medicine. May we not hope to see this influential body of men generally following their example?

Week after week and year after year most medical men attend upon the ministrations of the clergy, and listen, not without profit, it is to be hoped, while they dispense from their stand-point lessons of reproof, of warning and of advice; and we hope they will not take it amiss if from the stand-point of our profession we presume to say that, in our opinion, many of them have done wrong—have, by the encouragement of quackery, done harm to the cause of truth, moral and spiritual as well as material—that they have done injury to both of those mutual hand-

maids, Science and Religion, by discouraging the former—giving the hand of fellowship to its foes. They certainly cannot blame us for advising them to look well to this subject—to have their opinions rationally and firmly fixed—their consciences well settled before they give the weight of their influence to novelties which may not only lead to the sacrifice of human life, but to the undermining of those conservative principles upon which rests the whole fabric of moral and religious truth. They will certainly agree with us, that if they do err upon a subject which it is not possible for them fully to examine, it is safer to err upon the side with which rests the authority of our fathers and the great mass of enlightened modern opinion, rather than upon the opposite side—resting, as it does, upon the dogmas of dreamers, and sustained only by a motley and feeble minority, rejected by common consent from all established bodies of scientific men, whose professional education and pursuits entitle them to the privilege of passing judgment in the case.

Since homœopathy has challenged the attention of the world more than half a century has elapsed, and an entire new generation of medical men have come upon the stage. Within that time various minor opinions have been overturned in the progress of scientific investigation, and it is not regarded as discreditable for any man to change his opinion with the advancement of truth. Especially could no pride of opinion operate upon the young men who are constantly coming forth; and yet among educated medical men, the world over, notwithstanding all the inducements of interest, not one in a hundred have embraced the system. Certainly to decide with the one, and against the authority of the ninety and nine, should require the clearest evidence—such evidence as no clergyman, devoted to his profession, can be presumed to possess. We do not say that no clergyman can have evidence, on a subject of this kind, satisfactory to his own mind. Of this we shall not attempt to judge. But we do say that the subject is so intricate in its nature, so extended in its relations, and the sources of fallacy are so numerous and subtle, that no man, devoted to another profession, can obtain such a knowledge and take such a view of the subject as to entitle him to the expression of an opinion contrary to the weight of authority, or the pursuing of a course which appears to be so opposed to common sense, and which shall influence the conduct of others. But our homily is becoming lengthy, and we will close by repeating the suggestion, that those clergymen who are advocates of irregular systems of medical practice would do well to consider their course carefully, lest they be found assuming responsibilities which they may not wish fully to meet.

Long Island College Hospital.

OFFICE OF THE LONG ISLAND COLLEGE HOSPITAL

BROOKLYN, *April*, 1858.

DEAR SIR—The Legislature having by an Act of Incorporation authorized the establishment, in the City of Brooklyn, of an institution to be known as the Long Island College Hospital, the Board of Regents respectfully invite your earnest consideration of the subject.

The Charter and By-Laws have been framed in a broad and liberal spirit, and it is the most earnest desire and intention of the Board that the Institution shall be so conducted as to reflect both honor and credit upon our "City of Churches."

This Institution appeals in the strongest manner to our benevolence and Christian sympathies. Here the unfortunate, the friendless, and the destitute will find a home when afflicted by sickness, their wants be relieved, and the best medical attendance supplied to them. If unable to pay for these benefits, they are freely bestowed without charge to any and to all.

It has been the special object of the Board to make an institution for the people—liberal alike to all—throwing open its appointments to fair competition and professional merit; and to its support they cordially invite every citizen in the community.

In the establishment of this public charity, it is proposed to furnish,

1st. A hospital with an in and out-door department, for the treatment of medical and surgical cases.

2d. A lying-in department for the poor and unfortunate.

3d. A corps of regularly educated and licensed nurses.

4th. A college, where all the branches of medical science shall be taught and illustrated, and where medical students can be practically trained.

The sources of casualty are constantly increasing with our population and commerce. A large number of accidents occurring along our water-line, are now necessarily carried to New York; and there is actual demand for a public hospital, upon a liberal foundation, in the southern section of our city.

It has long since been apparent that the interests of humanity, as well as science, call loudly for a lying-in institution, where the unfortunate and needy may be provided for in the hour of suffering. The proposed practical training and instruction of nurses, bearing the certificate of the institution, after a thorough examination, will particularly commend itself as among the pressing wants of our community.

To carry out the proposed objects of this institution, the Board of Regents have purchased "the Perry property," consisting of fourteen lots of ground, located on Henry, Pacific, and Amity Streets, an exceedingly eligible and salubrious location, with extensive buildings, admirably adapted to the purpose. The terms of purchase render the whole project at once economical, and, with the co-operation of a liberal public, an immediate and certain success.

In England, France, Germany, and our own country, it has been practically demonstrated that a hospital where medical education is not carried on, very rapidly degenerates, and soon fails to represent the average standard of medical science; whilst colleges without hospitals to illustrate their teachings, become theoretical, and produce men untrained and unequal to the practical demands of the community.

The science of medicine has advanced, by the united efforts of thousands of minds in different quarters of the globe, through a succession of ages, and by slow and difficult steps, to the present standard. It is even now kept alive by the self-sacrificing labors of the comparatively few. To make this knowledge grow, spread, and reproduce itself in a community, it must be fostered and encouraged. This can only be accomplished by the establishment of institutions where the science of medicine can be cultivated to advantage, and practically tested and taught.

The City of Brooklyn, from its contiguity to another great city, has in this respect been dependent; and, not feeling the immediate necessity of its wants, has neglected to establish within itself the temples of science stored with the resources of knowledge, keeping its own professional men alive to their duty, and fortifying them to grapple with the exigencies of human necessity. The fact is worthy of remark, that, in proportion to its population, our city has invested less capital in objects of this character than any other city in this country or Europe.

There can be no just reason why the continued neglect of these important truths should fasten an opprobrium upon a wealthy city destined for a proud position. It has already position, wealth, influence, and philanthropy, but has yet to build up a scientific character, by the patronage and elevation of institutions which will become in turn the conservators of its dearest and best interests.

The science of chemistry, too, is so neglected among us, that a criminal trial here must depend on analysis made and paid for in the City of New York. It is to meet these, with many other demands,

and to make them subservient to the cause of education, by turning up men to a practical acquaintance with their profession, the hospital is combined with a medical college.

The medical gentlemen attached to the Institution do not receive any remuneration for their services.

Much more might be urged in behalf of this most desirable and valuable enterprise, but it is deemed unnecessary; its vast importance to our city must commend itself to every reflecting mind.

As a basis of action, the Board of Regents would respectfully solicit your attention to the following propositions:

1st. The payment of \$100 constitutes the donor a life-member of this corporation, with the privilege of voting at all elections held under the Charter.

2d. The sum of \$300 secures a life-membership, with or without a scholarship in the college. Each scholarship entitles the holder to educate one student of medicine, or two nurse pupils, free of expense.

3d. Larger donations than those stated, will secure all the mentioned privileges, with such other acknowledgments as the Board of Regents may from time to time institute.

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An Army Surgeon Encouraging Quackery.

We were astonished, and marked for reprobation, this report of a volume recently issued by the Government, through the Surgeon General of the U. S. Army. Dr. Dowler thus expresses our views on the subject. We had hoped that our army Medical Department was free from all quackery.

"Surgeon S. G. I. De Camp's report on the topography and diseases of Fort Columbus, lat 40° 42', Governor's Island, harbor of New York, contains the following extraordinary confession of medical faith, namely: 'I cannot let the present occasion pass without bearing testimony to the value of the sulphate of quinine, the sulphate of arsenic, and other remedies of that class, in the treatment of disease, extending to a range far beyond what was once supposed. The intermittent character of disease would seem to be more extensive than some imagine. *I am indebted to Dr. Dickson's Chrono-Thermal System of Medicine for the views which I now entertain upon this subject, and can speak with confidence of the value of these remedies in rheumatism, asthma, continued fever, and some spasmodic affections in children, and in many cases of an anomalous character, the pathology of which is little understood.*'—15.

The Dicksonian system, from which this report imbibes its knowledge, cannot be considered as having been even virtually endorsed by its acceptance and publication, as neither the surgeon-general who revised it, nor the U. S. Senate who ordered its publication with other documents, deserves criticism in this behalf. Indeed the surgeon-general, in his circular to the medical officers, says, "As it is proposed to publish each individual essay under the name of the gentleman who draws it up, all facts, statements and conclusions will rest upon the responsibility of the officer making the report."

As this report is an official one, it may be proper to glance at the precious system which it endorses. The status of this system is indicated by its title, namely, "Chrono-Thermal System of Medicine, with the Fallacies of the Faculty; People's edition." The apparently semi-official recognition of an utopian system, which is destitute of originality, being only remarkable for its calumnies against the regular faculty, and its denunciation of many valuable medicinal agents, nevertheless gulps down arsenic, copperas, blue vitrol and white, tartar emetic, creosote, lunar caustic, and greatest of all, Prussic acid.—*Nashville Med. Journ.*

Glycerine in Corns.

These troublesome things Mr. Wakeley is in the habit of treating, at the Royal Free Hospital, by the application of glycerine, which has the effect of softening them, when they are easily scooped out. We saw as many as seventeen corns entirely removed in twelve days in this manner.—*London Lancet.*

COMMUNICATIONS.

The most Appropriate Glasses as Media of Sight.

MR. EDITOR—There is probably no subject which should claim the attention of the physician, where we discover generally so much ignorance or neglect, as that relating to the proper use of glasses. The large mass of practitioners give little or no thought to its consideration. This may arise from the fact that they are seldom consulted by those who seek the aid of glasses; though it is doubtless true that the indifference manifested by medical men often induces such patients to neglect advising with a physician about their sight.

Every practitioner should be sufficiently familiar with the subject of optics and the imperfections of the human eye, as to be capable of forming a sound judgment upon the propriety of using glasses.

There are two defects of vision in particular, which most generally require the application of glasses; namely, persons who are *myopic*, or near-sighted, and those who are *presbyopic*, or far-sighted. But it does not follow because a person is near-sighted, that he should use glasses; nor is it always proper for the far-sighted to use them. These defects of vision may depend upon the occupation of the individual, and, indeed, are frequently produced by certain pursuits which require too constant and intense application of the sight.

The rays of light are either collected too soon, and thus come to a focus before reaching the retina, producing what is called myopia or near-sightedness; or the rays of light do not come to a focus until they fall *behind* the retina, and hence presbyopia or far-sightedness. By a comparison of the angle of vision with those around us, it will be found that there is a great diversity in the points of focus. The eye, indeed, in its functions, has not inappropriately been called "a mechanical instrument," depending much upon the particular organism.

Myopia may be produced by a loss of the adjusting power of vision, or it may depend upon an original defect in some of the refractive media of the eye. These causes may operate singly or combined. In confirmation of the truth of the refractive power of the eye, it will always be observed that myopics partially close their eyes when looking at distant objects, so that the pupil will collect only the direct rays.

There is no doubt that the fashion of using glasses has often greatly increased, nay, perpetuated the difficulty with myopic patients; whereas many of these cases would doubtless have improved (if not been

restored) by the proper exercise of the eyes, unassisted by glasses. This remark concerning the improper use of glasses will apply in regard to increasing their power, by deepening the concave surface when there is really no necessity for doing so. Glasses of the lowest magnifying power, which will enable the patient to see objects at the *proper* distance, should be employed. What is meant by "proper distance," is, that neither too great magnifying power nor too diminished power of glasses should be used, but such as will give distinct vision at the *ordinary* distance or focus common to most persons.

The particular occupation or habitual mode of using the eyes has much to do in developing myopia; hence students and silversmiths, and all those who employ their sight upon small objects, frequently bring on near-sightedness; and if glasses should be resorted to without proper discrimination, the defect may be aggravated instead of obviated. On the other hand, persons devoted to the exercise of their sight upon distant objects, such as field-sports and the like, are rarely troubled with myopia. I might introduce some interesting statistics on these points.

Presbyopia or far-sightedness is just the opposite of the condition I have been describing, and is most usually found in persons of advanced years, though not peculiar to old age; for there are some striking cases of extreme youth who have been troubled with this imperfection. It however most generally makes its appearance between forty and fifty years of age, though there are those who do not use glasses until a much later period in life. Presbyopia is brought on by a diminution of the refractive power of the eye, which is owing to a failure in the absorbents to perform their wonted functions, either because of age, or too constant employment of the sight; or in consequence of enfeebled health arising from other causes. The axis of the eye being thus modified, the focus of vision falls *behind* the retina when looking at objects near by, such as reading, needle-work, and the like. When this defect is experienced by persons over forty, they should, as a general rule, at once resort to the use of convex glasses. But there are cases of presbyopia that do not require glasses; and in every case when proper to be used, a judicious selection should be made, having reference to the kind of glass and the power of convexity of the lens, and then of the least power, to enable the person to see at the

an imperfect narration of the conditions of the eye
readily be understood that much judgment

should be displayed in the selection of the most appropriate glasses. And yet many physicians are governed in this matter by the representations of the vender rather than by the laws of optics, and the application of these laws to the particular case seeking advice. It even sometimes happens that medical men of deserved reputation and position are unwittingly led to give an *unqualified* endorsement of the particular glasses of some vender, when it may be that the glasses in question have been condemned by long experience, and by the best opticians. This is true in regard to the *pebble spectacles*. It is incorrect to suppose that *pebbles* are equal to *glass*. They are harder and much more expensive, but not so accurate as *glass* spectacles, as can be demonstrated by any skillful optician. Mr. Hawes has shrewdly said, that "this is a piece of information not so advantageous to the vender as to the purchaser."

Spectacles should always be preferred to the hand glass, (or what is commonly called "reading glasses,") because they can be adjusted much better to the eye, which is often an important matter; and the double reading glasses (if reading glasses be selected) should always be used instead of single ones, thereby avoiding any antagonism of the sight by the habit of using one eye only, instead of both. Besides, it is very important to many persons to have two pair of glasses—one suited to near objects, and the other pair adapted to distant objects; and sometimes there are peculiarities in the defective eye which require a special adjustment of glasses to the particular case. Professor Airey has furnished us a striking example on this point, in his own person; and other cases might be cited.

I hope these suggestions may induce the reader to examine my views, by reference to elaborate treatises upon the subject, where he will find them more fully discussed. Yours, &c.

A. J. COON, M.D.

RICHMOND, VA.

The Wood Prizes.

Some two years ago Dr. Jas. R. Wood, in order to establish an Anatomical and Surgical Museum in Bellevue Hospital, offered to the students of the three Medical Colleges of this city two prizes—one of \$50.00, the other of \$25.00—for the best anatomical or surgical preparations that should be presented to that hospital. The first presentation took place on the first of March last.

The meeting was addressed by Dr. Valentine Mott, who made the

presentation. His remarks were very flattering to the successful competitors, and he was several times loudly applauded. He dwelt principally upon the importance of cultivating a knowledge of surgical anatomy, and referred to the great improvements that had been made in the science during the last half century.

The first prize was given to George Frederick Shrady, of the College of Physicians and Surgeons. He has since graduated from the Institution, and now is at the New York Hospital, (senior assistant.)

The second prize was awarded to George Edward Post, of the University Medical College, Fourteenth Street. It consisted of the sympathetic ganglia of the head and neck. The preparation is a small one, but, considering the amount of work laid out upon it, is truly a *multum in parvo*.

Dr. Shrady's preparation consists of a dissection of the nerves of the head, neck, thorax, and arms; but the part worthy of special notice is the dissection of the trifacial and seventh pair, which are followed out with extraordinary minuteness.

The prizes were accompanied with elegant testimonials.

Dr. Mott was followed by Dr. John W. Francis, who as usual made some very appropriate remarks. He traced the history of anatomical preparations from the time of Ruysch down to the present, complimented Dr. Wood very highly for the laudable object he had in view, and congratulated him on the success of his first experiment.

After a few remarks were made by Drs. J. M. Smith, G. T. Elliot, and Jas. R. Wood, the meeting dispersed, highly pleased with the proceedings.

To Dr. James R. Wood, for thus setting the example in this matter, is due the esteem and support of the profession. The awards are to take place annually.

There were other specimens presented, of which one by Mr. Bromley, of Thirteenth Street School, is deserving of special commendation.

The specimens are now at the Bellevue Hospital, and we advise all who take an interest in dissections to call and see them. If the example set by these gentlemen, Shrady and Post, be appreciated by those who are to follow them, the Hospital must ere long have an Anatomical and Surgical Museum of rare value. The presentation of these prizes is the first of the kind that has taken place in this country—that is to say, not connected with any particular college, nor offered by any professor. Dr. Wood has the credit of originality in this matter, and we hope his example will be fully appreciated, and followed accordingly.

The Vexed Question in Medical Ethics.

MR. EDITOR—Apart from all mere personal considerations, the following questions are submitted as vastly more important.

1. The American Medical Association claim the authority to exclude their members at an annual meeting without trial or hearing. We inquire whether such exclusion can expel the party from the profession to which he has been educated? Or is it only an act of discipline, expressive of the purpose of its members to choose their own company, which every society has a perfect right to do? If the latter, the expelled member endures the penalty of his offence in the sentence of expulsion, and may at any time thereafter apply for re-admission, or be delegated a member by any medical organization in the country, and enter the Association as though he had not sinned, and this by the very letter of the Constitution.

2. But if such exclusion be deemed an expulsion from the profession, the party is no longer eligible for membership, unless restored by the same authority. On application for such restoration, accompanied by proofs that his offence has been expiated, and atoned for by public retraction, and the abandonment of the misdemeanor for which he was excluded, the Association could restore him to the profession by a vote, and thus render him eligible for membership by delegation; or they could refuse to restore him, and thus keep him out of the profession *ad infinitum*, even though delegated to the body.

The principles here briefly stated may need to be settled at an early stage of the proceedings in our meeting in May. QUERIST.

BOOK NOTICES.

ELEMENTS OF INORGANIC CHEMISTRY, including the applications of the science to the arts. By Thomas Graham, F.R.S., of University College, London. Edited by Henry Watts, of London, and Robert Bridges, M.D., of Philadelphia. Second American, from the second revised and enlarged London edition. Complete in one volume, royal 8vo., pp. 852, with 233 illustrations on wood. Philadelphia: Blanchard & Lea. 1858.

We have here the most thorough and complete work on the inorganic department of chemistry ever published, including its practical applications to the arts. It is well adapted to students, and must be invaluable to public and private libraries, as a book of reference worthy of entire confidence. The author has employed several years in its preparation, issuing it in London in parts, at long intervals. The American editor has embodied in this complete edition all the recent improvements and discoveries to the present date, and thus enhanced its value. The engravings are very beautifully executed, and many of them entirely new. The student who masters this book will be thoroughly posted up in the present state of knowledge in the science.

PLATES ILLUSTRATIVE OF WILSON ON DISEASES OF THE SKIN. Fourth Edition. Philadelphia: Blanchard & Lea. 1858.

Those who have secured the 4th edition of Mr. Wilson's work on Diseases of the Skin, will have observed that the author has treated largely upon "Constitutional Syphilis and Syphilitic Eruptions." The appropriate plates will be found in this volume very artistically colored from life, and would seem to be indispensable as an accompaniment to the text. The publishers have rendered a good service to the profession by bringing out this new volume of plates in so handsome a style.

RESEARCHES IN PRIMARY PATHOLOGY AND THE ORIGIN AND LAWS OF EPIDEMICS, in two volumes. By M. L. Knapp, M.D. Philadelphia: 1858.

The author of this work, now completed, with extraordinary pertinacity insists upon his adopted notion of the "inane cause, scorbutic nature, and essential unity of disease," and now issues another ponderous volume in its defence. According to his creed scurvy is universal, a physical depravity, and, indeed, the source of all corporeal evil, for there is no other disease in the human race. We have heretofore expressed our estimate of Dr. K's labors, and our prediction that nothing that he writes on the subject will be read in this generation; but he teaches for posterity, on whom he relies for posthumous fame. We wish he could be more profitably employed.

EDITOR'S TABLE.

NOTICE.

The proceedings of the American Medical Association, at their annual convention, to be held at the Smithsonian Institute, in the City of Washington, D. C., on the 4th instant, may be expected in our June number.

THE OLIVE BRANCH.

Advices from Philadelphia confirm the *rumor* named in our last—the authorities of Blockley Hospital having delegated their Resident Physician to represent that Institution in the American Medical Association, at the May meeting in Washington.

This course we learn has been taken in no spirit of disrespect to that body, but in the expectation that their delegate will make such atonement and reparation to the Association for the ethical offence for which he was excluded in 1856, as shall bespeak the favor and forgiveness of his former brethren, and restore him to his standing in their fellowship. In anticipation of such result, it is said as we go to press, that Dr. McC. will not appear as a delegate, or claim any recognition, unless the Association shall decide favorably on his petition.

We cordially approve of this pacific course, and trust that it may terminate happily for all parties, and avert the conflict which might be apprehended, if evil counsels prevailed, in the approaching convention at Washington. We trust that by doing right, Dr. McC. may disarm hostility, and that the Association may do itself honor by its action in the premises.

For the part we have been constrained to take in this journal on the controverted subject, *se defendendo*, we owe our readers this apology. Having *done right* in certifying for our quondam friend, under the peculiar circumstances of the case, we resented the unmerited censures of our Philadelphia brethren, and their sympathizers at home, in terms sufficiently strong. Nor was there any occasion to announce that we would "do so again" in a similar case, for no similar case is probable, or even possible.

But like our old friend, Dr. Condie, we have *Welsh blood* in our veins, which sometimes grows rampant, and especially under such provocation as that given in this case. Hence our vehemence against the hostility of certain cliques who assailed our good name, may have subjected us to the imputation of defiance toward the profession collectively, which would be at variance with our whole history. For if we had served our God with the same zeal and fidelity as we have our profession, we should be a better Christian than we dare claim to be.

To any such, therefore, who may have misconstrued what we have said or done, we have a few last words. There has been no intention on our part to magnify this purely local controversy into undue importance, and thus bring it into the general medical politics of the country. Indeed no responsibility for pushing this subject into our Association rests at our door. As one of the Vice Presidents of this body, an honor of which we are not insensible, we deprecate the introduction into a scientific body of any mooted questions of local politics, or individual quarrels, of only sectional interest. And we are ready to do whatever in us lies to preserve and perpetuate that harmony and mutual good will which has ever characterized our annual convocations; and which must be continued if the great and important objects of the Association be not merged in petty questions of ethical police, which belong to the local medical bodies, whose province it is to settle differences between their own members, without disturbing the deliberations of our national congress with such minor matters. So mote it be.

MEDICAL EDUCATION. What is to be Done?

The Chicago Medical Journal for April, submits to the profession a new plan of medical education, providing for an increase of departments to *ten*; five of which to be elementary, and five practical, but all to be taught within nine months of the same year! The Diseases of Children, Medical Jurisprudence, and Clinical Practice, both surgical and medical, are omitted from the curriculum, so that four additional departments would seem to be called for, increasing the professorships to fourteen! and it is probable that a less number would fail to meet adequately the wants of students and the demands of the profession.

While the plan and suggestions of Professor Davis are of great value, and would be a very great advance and progress in raising the standard of medical education, we fear that crowding the whole of both courses into the same year would be fatal to its usefulness, and impose greater labor on the students than now, without any corresponding benefit. If the elementary course were attended the first year; the practical department followed up in the second year, or divided between the second and third year; thorough clinical instruction in hospitals being included, and made indispensable to a degree; what the profession claim, and what students need, would then be better secured. To attempt the whole collegiate course in a single year would, we are persuaded, prove a failure, both by teachers and pupils.

Moreover, how are the two other years of study to be spent, without any attendance upon lectures? In the offices of private preceptors by reading, and private examinations? The latter would indeed be profitable, but it would be a weariness to the flesh, if attendance upon lectures were to be postponed to the last year.

A much better plan would be to hear lectures on the elementary branches only the first year, with corresponding studies; and devoting the two remaining years to the practical and clinical departments, with the appropriate reading, would seem to be a remedy for the defects of the present system, felt to be inadequate and irrational. Dr. D. seems to have a clear perception of what is wanted, but his plan, if we understand it, is insufficient to correct the existing evils.

That some radical change in the present system of medical education has become imperatively necessary, can no longer be doubted. The public mind is awake to the subject, and the profession will be

obliged to respond. Our National Association has spoken and acted every year in view of prospective and speedy reform; and the fact that two committees are this year charged with the subject, and reports are expected from both at the approaching meeting in May, at Washington, D. C., demonstrates the prevalent feeling that some decisive measures are now expected, looking to improvement in our entire system of educating physicians and surgeons, by the existing schools. Indeed there can be little doubt that this is to be the absorbing topic at this meeting for 1858, which, from its central location, will be the largest representation of the profession ever assembled in the country.

We have an abiding confidence that good will result from the action, whatever it is, which this medical congress shall take, after due deliberation and discussion of the whole subject, such as is expected. But we confess our conviction that the plan projected by our Virginia brethren, to establish a State Board of Examiners, who shall have the exclusive power of conferring degrees, which shall be a license to practice either medicine or surgery in that State, promises better results than any other existing or suggested scheme. This Board is to be independent of all schools, and all public teachers are to be excluded from holding a place in the Board; the candidates to be examined as to their qualifications, irrespective of the source whence they derived their knowledge. If a similar independent Board existed in every State, under the authority of law, so that a complete separation of the *teaching* from the *licensing* power could be secured, every needed reform might be attained. The selection of this Board might safely be vested in the National Association, or in the State Medical Societies, by whom all details might be arranged.

But meanwhile, as having an important bearing on this *questio vexata*, we insert from the *Nashville Medical Journal* of April, an editorial in relation to the proposed alteration of the Constitution, which is intended to exclude the present representation from the colleges, as such, from the Association, and requiring the professors to come, if at all, as delegates from some medical organization other than a school. We greatly fear the effect of this alteration, if adopted, will be to deprive the Association of all semblance of control or influence over the colleges, if they have no direct voice in any action taken in relation to their rights or interests. But as our worthy confrere of Nashville has maturely considered the subject, we content ourselves with submitting his article entire.

Prof. Davis, in the *Chicago Journal* for April, superadds the following, and submits still another plan:

American Medical Association and Medical Education.

It is quite probable that much of the time of the coming annual session of the National Association will be occupied in considering the hackneyed but highly important subject of medical education.

In the number of our Journal for March, we gave our views in regard to a more systematic and comprehensive course of instruction in the medical colleges; and we will now add a few suggestions in regard to the exaction of a more elevated standard of attainment, and the method by which candidates should be admitted into the profession. That the standard of attainments, both preliminary and medical, required of those who enter the profession is altogether inadequate, is everywhere apparent and acknowledged. The fact is too easily observed to require either argument or elucidation. It is far different, however, with the other branch of the subject, viz., by what method shall we secure the exaction of a standard more elevated and more in accordance with the intrinsic importance and responsibilities of the profession?

Concerning this there is great diversity of opinion. A large part of the profession seem to regard the medical colleges alone as the responsible agents for exacting such a standard as is desirable. This class appears to have controlled the proceedings of the Association at Nashville, and to have procured the appointment of the special committee under the resolutions of Dr. Curry. This committee consisted of Drs. J. R. Wood and John Watson, of N. Y.; Rene LaRoche, of Philadelphia; Geo. R. Grant, of Memphis; and C. B. Nottingham, of Macon; and were instructed to report a "*System of Medical Instruction*," which should set forth a "uniform basis upon which our medical institutions shall be organized, * * * * * the requisite qualifications for graduation," etc. We have not much confidence that this committee will be able to devise any system which will be satisfactory even to those who were most active in procuring its appointment. If it does, we shall be most happy to co-operate in carrying out its recommendations.

* * * * *

The adoption of such a plan would effect several important objects:

1st. It would insure greater uniformity and appropriateness in the standard of qualifications, by enabling the National Association, as the common representative of the whole profession, to designate both the

standard and the method of carrying it out, by the censors of the several State societies.

2d. It would greatly increase the importance of the State societies and the interest which would consequently be felt in their permanent and efficient management. The fees derived from the granting of diplomas would not only furnish a fund sufficient to pay the board of censors for the time spent in examinations, but would doubtless leave a surplus sufficient to enable each society to offer annually a respectable premium for papers embracing important original investigations.

3d. It would exempt the colleges from the constant jealousy and suspicion engendered by the idea that they are induced to keep the standard of medical education low, for the purpose of increasing the number of their alumni. Being free from the responsibility of actually admitting candidates into the ranks of the profession, they would be left to their legitimate work of *teaching*, and emulating each other only in the extent and perfection of their several courses of instruction.

4th. Finally, it would place the responsibility of admitting new members into the profession where it naturally belongs, namely, with the profession through its own organizations.

Prof. OLIVER WENDELL HOLMES.

We bespeak especial attention to the Valedictory Address, recently delivered by this gentleman at Harvard University, and to which we give a prominent place in this number. It abounds in the best characteristics which distinguish its author, and cannot fail to interest and profit the reader. We have *italicized* one vastly instructive paragraph which deserves to be printed in letters of gold. Of its truthfulness the *Boston Medical and Surgical Journal*, from which we copy the advertisement, furnishes a striking illustration in its last number, in the report of a recent case of a Fibro-nucleated tumor filling the left pleural cavity which was unsuspected by the physical diagnosticians, and mistaken for a case of pleuritic effusion, by both Dr. Storer and Dr. Bowditch. The trocar thrust into the thorax three times just before death, with no other result than dry tapping. The post mortem revealed the mistake. No inference unfavorable to the skill in diagnosis of our Boston friends is hence authorized, but only that it being impossible to diagnose accurately in this case before death, should teach us all that nothing is so easy as to be mistaken, as Professor Holmes wisely teaches.

Cincinnati Lancet and Observer.

The April number has improved in all respects over its recent predecessors, under the brief homilies of the *Gazette*; so that we have no occasion for stirring up strife with its editors, now that our "brother" in the tripod has lowered his tone, and seems disposed to learn moderation and courtesy. Hence we forgive, if we cannot forget *his* wrong, as is our wont, and as we did in the recent case of Dr. McClintock; although the latter did give better evidence of repentance before he got our certificate. Still we anticipate from "the sober second thought" of our confrere of the *Lancet and Observer*, when he is better "posted up" in the circumstances of what he calls our "*faux pas*," a very different estimation of the whole matter, and that he too will retract much that he has said, under the promptings of that "self-respect" which conscience and duty inspire. If not, we will agree to differ, and fellowship him in anticipation of this result, notwithstanding *Humanum est errare*.

Statistics of American Medical Colleges, for 1857-8.

	Students.	Graduates.
Jefferson Medical College.....	501	209
University of Pennsylvania.....		145
University of New York.....		127
University of Nashville.....	353	109
N. Y. College of Physicians and Surgeons.		53
St. Louis Medical College.....	125	49
Ohio Medical College.....		43
Rush Medical College.....		36
Pennsylvania Medical College.....		35
New York Medical College.....		33
University of South Carolina.....	216	
University of Georgia.....		61
University of Michigan.....		27
Missouri Medical College.....		25
Philadelphia College of Medicine.....		18
Harvard University.....		16
Oglethorpe Medical College.....		11
Starling Medical College.....		10
University of Buffalo.....		9
Yale Medical College.....		6
Castleton Medical College, 2 sessions....	94	34
Memphis Medical College.....		19

New Medical Journals.

The prospectus of the *Savannah Journal of Medicine* is circulated and is to be edited by Drs. Sullivan, Harris, and Arnold. It is issued bi-monthly, at two dollars per annum, each number containing 72 pages, and will appear on or about the first of May, 1858.

Since this announcement was received, the first number of the *Thorpe Medical and Surgical Journal* has reached us from Savannah, edited by Professors Byrd and Steele, of that city. It is a bi-monthly at the same price as the former, and of similar size. The first number is certainly creditable to all concerned, and abounds in good material original and selected. We shall welcome both to our exchange list.

Our Southern brethren are waking up, for there are now four Southern Medical Colleges, and will henceforth be four Medical Journals in Georgia. We may expect a falling off of medical students from the Southern States in our Northern Colleges, if the facilities for medical education are to be thus multiplied nearer home.

Medical and Surgical Reporter.

This Journal, so long published at Burlington, N. J., is now removed to Philadelphia. Dr. Butler has associated with himself as co-editor Dr. W. B. Atkinson, of that city. It is enlarged to 68 pages on the cover, and is published monthly, at three dollars per annum in advance, or four dollars if not paid till the close of the year. It is published by J. W. Bradley, 48 North Fourth Street, Philadelphia. The April number is certainly improved in all respects.

Philadelphia now has six Medical Journals, viz :

One Quarterly, the *American Journal*, &c.

One Bi-Monthly, the *Medico-Chirurgical Review*.

Two Monthlies, viz., the *Medical and Surgical Journal*, &c.
the *Medical and Surgical Reporter*.

One Quarterly, the *Journal of Pharmacy*.

One Weekly, the *Medical News and Library*.

Dr. Wilson Jewell,

of Philadelphia, complains that injustice has been done him in the discussions we have had occasion to make concerning his connection with the "frauds, forgeries, and bogus bills," for which the Common

cil of Philadelphia directed the District Attorney to prosecute the late Board of Health of that city, by obtaining their indictment. He alleges that he had no participation in their offences, not being in office at the time specified; though the Philadelphia papers named him specifically, and published his affidavit with those of his colleagues, and may have thus misled us. We are glad that Dr. J. is able to deny his connection with that corrupt body; nor are we surprised to hear that Dr. C. in the Medical Society complained that he had been insulted by the inquiry whether he was not one of the Board of Health. We shall rejoice if Dr. Jewell shall fully exonerate himself from any connection with the men or the acts complained of, for we have hitherto regarded him with high respect, and if anything we have said has wronged him it was unintentional. We wish he could say as much for his unjust insinuations against us in the letter of Condie, Jewell & Co., to our Academy. *Verbum sat.*

Peninsular and Independent Medical Journal,

devoted to Medicine, Surgery, and Pharmacy. Edited by A. B. Palmer, A.M., M.D., &c.; Moses Gunn, A.M., M.D., &c.; F. Stearns, Pharmaceutist.

The April number of this new Journal, the result of the recent amalgamation, comes to us in an entire new and greatly improved dress, and is now one of the neatest in its typography, paper, &c., of any of its contemporaries in the country. We congratulate the editors on the appearance and on the contents of this number, and bespeak for them a more extended patronage, which they will not fail to deserve. They proclaim their independence of any party, clique, or school, and hence will secure a wider circulation; for the profession are sick of "organs," whether of colleges, hospitals, or cliques of any kind, and all such will be ignored in the "good time coming."

Medical College of Georgia.—The vacancy in the chair of Chemistry and Pharmacy, occasioned by the retirement of Professor Means, has been filled by the appointment of Dr. Joseph Jones, formerly of Savannah.

Baltimore College of Dental Surgery.—Dr. A. S. Piggott takes the chair of Anatomy and Physiology, vice Professor W. R. Handy, deceased.

Sydenham Society.—From the report of the fifteenth annual meeting of the Sydenham Society, we regret to learn that the income of the Society has been for some years barely sufficient to meet the current expenses. It is a matter of extreme regret that such a valuable series of publications as that issued by this association, should not be continued, and we trust that the announcement that the Society is in want of funds will be sufficient to induce many to subscribe who have not hitherto done so. When one considers that for the small sum of about *five dollars* the members receive from two to four volumes, of great value and beautifully printed, it is remarkable that the list of subscribers should be so small. One of the books for the current year has just been received here. It is a translation of Kuechenmeister's "Manual on the Animal and Vegetable Parasites of the Human Body," and will be shortly followed by the second volume. It is illustrated by superb colored plates, and although a translation from the German, will supply the void which, we lately remarked, existed on this subject in English medical literature. Von Siebold's essay on "Intestinal Worms" will also be supplied to subscribers for this year. Gentlemen wishing to subscribe, can do so by applying to Dr. R. H. Salter, No. 1 Staniford Street.—*Boston Med. and Surg. Jour.*

New York Medical College.—The summer course has already commenced in this school, consisting of daily lectures and clinics by the Faculty, and a whole army of specialists; to whom they have liberally extended facilities for teaching in their several departments. The college will thus be kept open the year round; of which students may avail themselves without any additional expense.

Jefferson Medical College, Philadelphia.—The lamented death of Prof. J. K. Mitchell has been announced, leaving the chair of Practice vacant in that prosperous school. It is rumored in circles likely to be well informed, that Prof. Samuel H. Dickson, of Charleston, S. C., is to be his successor. This appointment will be both politic and popular, for Prof. Dickson is among the ablest teachers in the country.

Our readers may see, by the advertisement in another column, that Cod Liver Oil may now be had in the form of jelly, and thus wholly divested of its offensive taste, so that it need no longer offend the stomach.

POSTSCRIPT.

TUESDAY, *April 27th*, 1858.

An election was held to-day by the Trustees of the Jefferson Medical College, of Philadelphia. After several ballots, Dr. S. H. Dickson, of South Carolina, was elected Professor of the Practice of Medicine. On the final ballot Dr. Dickson had *eight* votes, Dr. James Bryan *six* votes. Dr. Dickson was recommended to the Trustees by the unanimous vote of the Faculty. Among the applicants and nominees were several able and distinguished physicians, Drs. Robert K. Smith, Ludlow, Darrach, Stelle and Pepper, who on the first ballot received scattering votes. Dr. Dickson was the only candidate out of Philadelphia, and it is supposed that in addition to his great qualifications, the fact of his coming from the South, which sends so many students to the College, had great influence in securing his election. P.

RECEIPTS for 1857-8, for Subscription to Gazette.

Drs. Stephenson, Rowe, Osborne, Vanburen, Elder, Wells, Buskey, S. Griswold, Newby, Roath, Powell, Tilden, Parmly, Barlow, Downes, Lambert, Latson, Perkins, Strew, Griswold, Platt, Mulholland, Perry, Quinn, Obed, Elliott, Jenkins, Allender.

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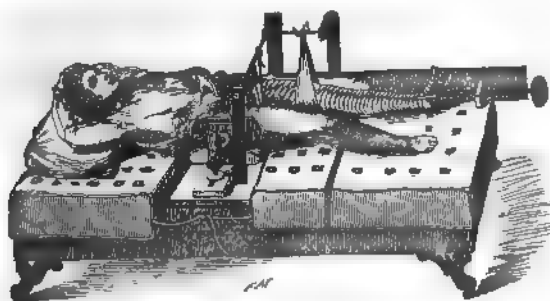
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Extract of cubebs,

" and alum,

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AMERICAN MEDICAL GAZETTE.

Vol. II.

JUNE, 1858.

No. 6.

ORIGINAL DEPARTMENT.

**Proceedings of the Annual Meeting of
THE AMERICAN MEDICAL ASSOCIATION,**

Held at Washington, D. C., May 4th, 1858.

The Convention assembled at the Smithsonian Institution, on the **day** appointed, at 11 o'clock, A. M. The President, Paul F. Eve, **M.D.**, introduced the Rev Dr. Sunderland, who offered an eloquent and appropriate prayer.

The roll of delegates and permanent members having been called, **they** were welcomed on behalf of the Committee of Arrangements by **their** Chairman, Dr. H. Lindsley.

The Committee on Nominations having been appointed in the usual way—one from each State represented, the President announced a communication from one of the Vice Presidents. Whereupon Dr. Reese rose in his place, and read the following document, which, as is evident on the face of it, was the result of negotiation and compromise, between himself and the pacificators on both sides of the mooted question, with the view of anticipating and preventing its further introduction into the Convention, viz. :

To the Officers and Members of the American Medical Association :

"The undersigned, one of the Vice Presidents of the American Medical Association—having, during the interval since our last annual meeting, certified to the professional fitness for the charge of the

Blockley Hospital, at Philadelphia, of an individual who had expelled from this body for a violation of our code of ethics—consultation with the other officers, and yielding to the advice of personal friends, desires to say to the Association now assemble

“1st. That in giving said certificate he was prompted solely motives of sympathy and humanity to a fallen brother, who had a personal friend prior to his offence; and that he did not react under the impulse of the moment, that his individual act be construed by the profession as indicating hostility to his brother.

“2d. That while his own mind is clear that his certificate contained only the truth, and that, under his peculiar relations to the party concerned, he could not withhold his certificate of medical qualifications consistent with conscience and duty, yet he is ready to concede he had no abstract right to relieve the party from the censure of the Association, until this body had restored him to fellowship.

“3d. That, so far from intending any disrespect to the Association or to its act of discipline, the undersigned had publicly sustained and defended both. He therefore disclaims the inference from his certificate, that he intended to recommend to a high professional colleague a man whom the Association had excluded, and thereby nullify the action of this body.

“And finally, with these statements and disclaimers, the undersigned, while retaining his own opinion of the rectitude of his action and of his duty, under the peculiar circumstances of the case, nevertheless prepared to defer to the judgment of those whom he regarded to be his friends, that he erred in doing what he had no right to do in view of his official position in the Association, and is henceforth upon to offer this explanation and apology to his brethren.

DAVID M. REE

Dr. Condie, of Philadelphia, one of the “high contracting parties” in the fulfilment of his pledge, immediately moved that the apology be accepted and entered on the minutes, which after a brief discussion was carried almost by acclamation.

Dr. James Bryan, of Philadelphia, desired to offer the same apology for himself, as he had fallen into the same ethical error. On the motion of Dr. Condie, his apology was accepted and recorded; but not without decided opposition was shown.

The business of the Convention was completed the next day without further

and throughout the

The President then delivered, in a clear voice, and with a pleasing oratorical effect, his

ANNUAL ADDRESS.

GENTLEMEN OF THE AMERICAN MEDICAL ASSOCIATION:

We meet under most auspicious circumstances, and have been welcomed to the most favorable position ever occupied by our profession on this continent. The very ground on which we stand may be considered sacred; has been set apart from a common to a special purpose, and is national. Invited as we have been to this magnificent temple, furnished and dedicated by a generous foreigner to science; in the presence of that towering monument, designed to commemorate the worth of him ever enshrined first in the hearts of his countrymen; surrounded by the glorious recollections constantly associated with this government; and before the great men and assembled wisdom of the nation; it becomes us to discharge the important duties which have called us together, with honor to ourselves and benefit to our profession. Inspired by its benevolent spirit, and invoking the aid of an ever present and omnipotent God to preside over our deliberations, we may here renew our professional obligations, learn to love each other better, and resolve henceforth to be more faithful to our high vocation, that its dignity may be maintained and its usefulness extended.

Knowing as I do full well the value of time in our short sessions, and how much is to be expected from this meeting, the half hour set apart for this customary address will be restricted to subjects appropriate to the occasion. From this stand-point in the history of our meetings, it is proper to recall what has already been achieved, that we may be better prepared profitably to engage in the labor now awaiting our deliberations. This summary of our transactions is the more necessary, since, by a disastrous fire in 1851, the first four volumes of our proceedings have been destroyed, and are, of course, inaccessible to all new members, the last report of the Committee on Publication having announced the fact that not one complete set of them was on sale.

The grand object of a convention of the physicians of the United States, held the previous year in the City of New York, was carried into effect in Philadelphia, May, 1847, by organizing this Association; and ten years ago the first general assembly met in Baltimore. Annual meetings have been convened in our large cities for

the transaction of business, and the proceedings regularly published each year. Ten large octavo volumes now comprise the transactions of the American Medical Association, being the contributions of its two thousand members delegated to represent the medical institutions of thirty States and Territories.

As set forth in convention, the ultimate purposes of this body are to cultivate and advance medical knowledge; to elevate the standard of medical education; to promote the usefulness, honor, and interests of the medical profession; and collaterally to enlighten and direct public opinion in regard to the duties, responsibilities, and requirements of medical men; to excite and encourage emulation and concert of action in the profession, and to facilitate and foster friendly intercourse between those engaged in it.

In carrying forward these desirable changes, embracing as they do medical science, medical education, and medical ethics, no one believes that we have done everything demanded for the good of the profession, or that all our great designs could have been attained in the brief space of ten years. The work assumed by the Association, it was well known, would take time, labor, and united efforts. It comprehended higher requisitions for admission into a learned profession; prescribed the course of instruction; demanded a separation in the teaching and licensing power; proposed a code to regulate the intercourse between physicians, their patients, and the public; and claimed that every one within its pale should assiduously cultivate the science of medicine and promote its best interests. And however extensive or radical may have been these contemplated plans, still on the whole it can safely be assumed that the American Medical Association has been no failure.

It has advanced medical knowledge, and promoted the usefulness of the medical profession. There will be found in the ten volumes of its printed Transactions, the results of the meetings held in Baltimore, Boston, Cincinnati, Charleston, Richmond, New York, St. Louis, Philadelphia, Detroit, and Nashville, that no less than three hundred pages are devoted to medical education; over five hundred to hygiene, including the sanitary condition of many of our large cities; six hundred to botany and indigenous plants; one hundred and fifty to obstetrics; four hundred to medical literature; seven hundred and fifty to medical science proper; more than a thousand to surgery; and two thousand to practical medicine, including the epidemics and prevalent diseases of nearly every

Special reports have been made from committees appointed for the purpose, on the effects of the anæsthetic agents, ether, and chloroform; on the influence of tea and coffee on the diet of children and the laboring classes; on the supposed influence of the cerebellum over the sexual propensities; the results of operations for the cure of cancer; the introduction of water and gas into cities; two reports on the blending and conversion of types of fever; the action of water on lead pipes, and the disease proceeding from it; reflexion of the uterus; a nomenclature of diseases adapted to the United States, having reference to a general registration of deaths; the sources of typhus fever, and the means of their extinction; the permanent cure of reducible hernia; the topical use of water in surgery; the agency of refrigeration by radiation of heat as a cause of disease; the results of surgical operations in malignant diseases; the acute and chronic diseases of the neck of the uterus; the nature of typhoid fever; coxalgia or hip-joint disease; the treatment of morbid growths within the larynx; the sympathetic nerve in reflex phenomena; the medical and toxicological properties of the cytogamic plants of the United States; erysipelas; the influence of the hygrometrical state of the atmosphere on health; the diet of the sick; pathology, causes, symptoms, and treatment of scrofula; the preservation of milk; the effects of alcoholic quors in health and diseases; hydrophobia; the changes in milk produced by menstruation and pregnancy; the sanitary police of cities; treatment of cholera infantum; use and effects of nitrate of silver applied to the throat; strychnine; infant mortality in large cities, the causes of its increase, and means of its diminution; medico-legal ties of coroners; new principle of diagnosis in dislocation of theoulder-joint; the flora, fauna, and medical topography of Washington Territory; the nervous system in febrile diseases, etc., etc.

Prizes have been awarded by the Association to the authors of the following essays, viz: On the corpus luteum of menstruation and pregnancy, for 1851.

On the variation of pitch in percussion and respiratory sounds in medical diagnosis, for 1852.

On the cell, its physiology, pathology, and philosophy.

On the surgical treatment of certain fibrous tumors of the uterus, heretofore considered beyond the resources of art, for 1853.

A new method of treating ununited fractures, and certain deformities of the osseous system, for 1854.

The statistics of placenta prævia, for 1855.

On the physiology and chief pathological relations of the arterial circulation, for 1856.

On the excito-secretory system of nerves, its relations to physiology and pathology.

And on experimental researches in relation to the nutritive value and physiological effects of albumen, starch, and gum, when singly and exclusively used as food, for 1857.

Carefully prepared reports have been published by the Association of the various epidemics and diseases which have prevailed during the past ten years throughout our widely extended country, and the mortality statistics and public health of our large cities minutely ascertained. Charts, maps, diagrams, tables, and plates have been freely employed to illustrate these subjects, so important to the general welfare of the people. Every State and Territory, every large city and sick community, with scarcely an exception, has had its hygienic condition explored by this body; and dysentery and cholera, typhoid and yellow fevers have specially claimed the attention of our members. The communications on deformities after fractures, found in our eighth, ninth, and tenth volumes, constitute the bases of the best monograph ever issued from the press. This work, it may be predicted, will do more than all others to check the reckless and speculative spirit of suits for mal-practice against medical men; for in addition to teaching a useful lesson to the profession in the prognosis of fractures, its testimony is so conclusive in reference to the usual results of these accidents, that judicial decisions must hereafter be regulated by it.

Besides these contributions to medical knowledge, this Association has taken action to prevent the importation into our country of "worthless, adulterated, and misnamed drugs, medicines, and chemical preparations," for which a member of the United States Senate has publicly declared that if we had accomplished nothing else, this alone should have entitled us to the gratitude of the nation; it recommended to the different states the adoption of a regular system of registration of births, marriages, and deaths; memorialized Congress to secure steerage passengers in our emigrant vessels medical attention, and due amount of space between decks; appointed a committee to ascertain the best means of preventing the introduction of disease by emigrants into our large cities; and considered many interesting individual cases.

This is a mere index to what the American Medical Association

has done for medicine during the first ten years of its existence. A simple reference to the professional facts spread out upon its pages, is abundant and satisfactory proof how extensive, varied, and valuable are its contributions to medical science, and its ten volumes an overwhelming and congratulatory answer to the taunting proclamation of the Edinburgh Review of 1820, "What does the world yet owe to American physicians and surgeons?" In September, 1854, the editors of the Association Medical Journal of Great Britain published our code, and declared that this body of physicians was the most enlightened representative of the greatest medical constituency in the world, of which it would be presumptuous in them to speak in terms of praise. They said of the volumes of the *Transactions* already published, that the duties of the standing committees have been ably and thoroughly performed; that the progress of medical science as a whole, its prominent divisions into practical medicine, surgery, and obstetrics, carefully and accurately traced in a series of reports worthy of the highest praise, had been reported in a clear, concise, and comprehensive manner, reflecting the highest credit upon the committees, and also upon the Association in selecting them for their respective duties: and in regard to what has been done in the laborious investigation of the indigenous medical flora of the Union; examination into and reports upon the adulteration of drugs; sanitary condition of the various states, and difference between them in the public health; the study of epidemics and special scientific subjects; the committees, continue these European medical authors, have collected and published a vast amount of highly valuable information. They moreover assert their belief that our success, especially in ethical reform, depends solely in the moral power inseparable from a constitution based upon the principle of equal representation, which they affirm they not only greatly admire, but can scarcely refrain from envying.

Here, then, is a reply to the above invective pronounced against the medical profession of America, voluntarily called forth from the countrymen of its author, and before he had been in his grave ten years, by the contributions of this body to medical science within seven years of its organization. Upon such disinterested evidence, such full, free, and candid confessions, and from such a source, may rest the claims of the American Medical Association for proof of the benefits it has conferred on medicine. A most active and powerful agent in disseminating useful medical knowledge on this continent, it is highly probable that no similar institution has ever been more suc-

cessful in carrying out its chief object—the promotion of science—than the one now assembled in this hall.

It has done something, perhaps all it could under the circumstances, to elevate the standard of medical education. An influential motive calling forth this organization, was the proposed attempt to correct the defects in the plan of instruction and conferring the degree then generally adopted in our medical colleges; and one of the first resolutions passed, even when the profession had assembled in convention, was the creation of a committee to report at an early day on these exciting subjects. Improvement in the system of teaching medicine, and a change in the power granting the diploma, if not reformation in the schools, have ever since agitated the profession, and consumed a considerable portion of the time of our sessions. The only power to control the economy of the colleges which this body possesses is exclusively moral, advisory, or recommendatory, and not legislative or legal; and while it may be true that no set of resolutions presented by the several committees have been fully carried into effect, still it cannot be denied that important changes calculated to advance medical education have nevertheless been made. At least seven professors now compose the faculty in all our schools, the one or two exceptions to this being in those in which the science is taught nine consecutive months. Not less than a period of four full months' instruction now constitutes a course of lectures, and even this is exceeded in most of the institutions. But one annual course is now delivered with scarce an exception, and an interval is thus allowed for reading or private instruction. The Association has clearly defined what shall be taught. It has inquired into the practical operations of all the colleges in the land; scrutinized the general condition of medical teaching in every state; compared it with that of the most enlightened nations; called attention to preliminary education, and declared what it ought to be; advised higher requisitions and a more rigid examination for obtaining the degree; and has, by its free discussions and oft reiterated expressions in regard to the business of teaching and regulating the schools, undoubtedly prevented greater abuses. It has never ceased to urge at every meeting the pressing necessity for a more thorough preparation, and greater attainments in candidates for the honors of the profession.

This subject, gentlemen, is one upon which you will be called to take action. A committee, chosen at Nashville, is to report here on medical education. It is composed of gentlemen from different sec-

tions, who, while familiar with the systems of teaching medicine in our country, are yet disconnected from all the colleges. It would seem to be a desirable object to settle at this meeting the future relation of the schools to this Association. Our sessions then might become less educational in character, and hereafter more scientific. And at the present stage of our proceedings, after all that has been said and done on this subject, the time has surely arrived for a decision. I cannot believe the colleges have any interested motives before this body; they of all others should be the last to oppose a more thorough cultivation of medicine, and ought by such a course to become unworthy of their trust, and unwelcome members of a great national congress of physicians, whose grand design is to promote medical science. We have now reached a period in our history when this voluntary Association is to determine what medical organizations, be they state, county or city societies, hospitals, boards or schools, are entitled to be represented in its meetings. It alone can, of course, prescribe the requisitions for its own delegates. If created to improve and advance medical education, (and this is in accordance with its own expressed declarations,) then it is quite certain the schools must be controlled. It has but to speak on this point, and it will be obeyed; for it is now too late for any physician to oppose, or any medical college to set at defiance, the moral power of this body.

As to the first object of an ethical nature over which the Association designed to exert its influence, that of enlightening and directing public opinion in respect to the duties, responsibilities, and requirements of medical men, we are free to confess little or nothing has been done. Nor is there much probability that any great change will soon, if ever, be effected. The work itself, in the very nature of things, is utopian. How is it possible to enlighten or direct the public mind on the economy of a science which it practically denies to exist? We ought to recollect that the time has not long passed since grave professors in our colleges signed certificates recommending nostrums; or what was done even last year in London, at Middlesex Hospital, by its regular surgical staff: these reminiscences, however unpleasant, may serve somewhat to moderate our indignation against those who would insult the profession, or who entertain a very low estimate of the scientific acquirements of physicians, even at the present day. The profession must first fully comprehend its duties and responsibilities, and the proper and special qualifications for the practice of medicine, before any attempt can succeed to get the public to appreciate what these are, or

acknowledge the ethical impropriety of employing secret remedies. If we make no distinction between the regular and irregular practitioners, between the physician and the proprietor of a nostrum, we are alone censurable that two such opposite characters are so generally confounded by the community. Until we are more honest, more united, true to ourselves and our calling, and cultivate a proper *esprit du corps*, in vain is it to expect a change in public opinion regarding medical science. To prevent disease or relieve the sick is a most benevolent and honorable vocation, and when one conceals for selfish ends a valuable medicine, he ceases to be honest and is void of philanthropy; for, by attempting to place a moneyed valuation upon pain and life, he becomes a trader in human physical sufferings; he estimates in dollars and cents the groans and tears of his fellow creatures. He may profess what he pleases, but his piety is not of the Bible, and has not a jot or tittle of Christianity about it, for that teaches us to love our neighbors as ourselves. Eschewing politics, and seeking no aid from state or church, we should become a law unto ourselves, or rather act above all law save the divine, since it is quite certain we alone must protect the honor of the medical profession. And thank God, standing this day, the proudest of my life, before this goodly assembly, and at the capital of our common country, I can announce that here, to the American Medical Association, it may with safety be forever confided. By its recent acts, proclaimed throughout the length and breadth of this wide domain, this body has denounced all fellowship with irregular practices, and erected a barrier impassable to honor and respectability.

Having learned wisdom from a more careful examination of the statistics and results of deformities after fractures, the question occurs if we have not ourselves unwittingly made patients expect too much from remedial agents. Disease in itself is a destructive process, which we can only prevent or relieve; and as, of course, we cannot create or restore, should we not, therefore, be more chary of the little word "cure?" The monument erected to Ambrose Paré, the father of surgery, bears the modest inscription, in reference to the wounds he treated, "*Je les pansay et Dieu les guarit.*"* Empirics may boast that they cure, and doctors of divinity may sustain them, but the physician knows it is God who healeth all our diseases.

On that branch of ethics which relates to ourselves—that of encouraging emulation and concert of action among physicians, and for-

*Ancient French.

tering friendly intercourse in the profession—the Association has been eminently successful. It has far exceeded the most sanguine expectations in overcoming all opposition; in creating an admirable code, now adopted everywhere; in organizing state, county, and city societies; in bringing together physicians from the remotest parts of our immense territory; in awaking the whole profession to its true interests; and in blending us into a common harmonious fraternity. Without law or authority, but by moral suasion have we been united as one man, and possess this day the power to be felt over this entire continent. There never has been a more propitious period for medicine in America; never greater evidence of vitality and extended usefulness in our ancient and benevolent calling; never better feeling or more confidence of success than now by our united effort to do good in the great cause of suffering humanity.

We have seen, gentlemen, how much this Association has achieved in its infancy to elevate honorable medicine. A wide field for scientific investigation is before us; much territory still remains to be reclaimed; the wilderness is yet to blossom as the rose, and the leaves to be gathered for the healing of nations. The hygienic condition of the nation, of such immense interest to our people—that first, all important question, ever before the profession—the prevention of disease—is to be improved. We are to search after truth, and when found it is to be generously applied for the good of mankind. The work is a self-sacrificing and benevolent one, but it is grand and sublime, even God-like; for it has to do with pain and disease, life and death; and we rejoice to know that, whenever or wherever called upon, the members of our profession and of this Association have never failed in any duty, and have been faithful to the end. Yea, many of them have stood alone between the living and the dead, and cheerfully laid down their lives to stay the pestilence and destroyer.

The very waters at our feet, as they sweep onwards to the ocean, pass in sight of a city where, three years ago, no less than four-fifths of our profession in that community, swelled, too, as their ranks had been by volunteers from this body, fell, manfully contending with disease and death; and, on a late occasion, when one of our steam packets, having been injured by a collision, went down in an instant, carrying every soul on board into the depths of the ocean, among the passengers was a member of this Association. To the inquiry, where was he during the heart-rending scenes of a sinking ship, freighted with human lives, promptly came the affecting and sublime eulogy

from one who knew him well, that so long as a woman or child remained unprovided for, he* never left the ill-fated Arctic. How near akin was his gallant spirit to that of him, who, during a subsequent and similar occurrence, after seeing every woman and child committed to his care safely rescued from his foundering bark, after sending the last parting message to his family, and discharging every duty without one lingering ray of hope, calmly assumed his commanding position on the deck of his vessel, and as she glided from under him into the yawning billows, instinctively uncovered to meet his fate and his God. While the wild waves are sighing a requiem over the unseen burying places of these illustrious dead, the benedictions of a grateful people are continually ascending over the forty graves of the martyred heroes of Norfolk. These were our companions, who died in the noble service of that calling, to promote the best interests of which has assembled us together.

Gentlemen of the American Medical Association, we have convened for important purposes; great events are before us; the interests of humanity are here; the hopes of the profession are in this meeting; the eyes of the medical world are upon us. May we then so act in view of surrounding circumstances, that "The skill of the physician shall lift up his head; and in the sight of great men he shall be in admiration."

On motion, the thanks of the Association were voted to the president for his able and instructive address, a copy of which was solicited for publication.

Dr. Grafton Tyler, of Georgetown, D. C., chairman of the committee on prize essays, reported that the essays received were three in number, each of which had been examined with great care; considering, first, the intrinsic merits of each essay, and then their merits in relation to each other. The first prize was awarded to "an essay on the clinical study of the heart-sounds, in health and disease," bearing the motto: "*Clinica clinice demonstrandum.*" The second prize was awarded to "an essay on vision, and some of the anomalies, as rendered by the ophthalmoscope," bearing the motto: "*Dux hominum medicus est.*"

Dr. Tyler then proceeded to open the sealed envelopes bearing the above-named mottoes, and containing the names of the writers of the essays. The first was written by Dr. Austin Flint, of Buffalo, New

*Prof. Carter P. Johnson, of Richmond, Virginia.

York; and the second by Dr. Montrose A. Pallen, of St. Louis, Missouri. This is the second time Dr. Flint has won this distinguished honor, and the third time that it has been awarded to Buffalo since the Association was organized, eleven years ago.

On motion, the report of the committee was accepted and adopted. Drs. Flint and Pallen were then invited to give *resumés* of their essays, which they did.

Dr. Lindsley, from the committee of arrangements, then presented an invitation from Dr. Nichols to visit the Insane Asylum, and another from Rev. Mr. McGuire to visit Georgetown College.

On motion of Dr. Hamilton, of New York, these invitations were accepted, and the thanks of the Association were returned therefor.

On motion of Dr. Lindsley, the Hon. Doctors Fitch, of Indiana, Chaffee, of Massachusetts, Clawson and Robbins, of New Jersey, and Shaw, of North Carolina, members of Congress, and Dr. Peter Parker, ex-commissioner to China, were elected "members by invitation," and requested to participate in the proceedings of the Association.

On motion, Assistant Surgeon Frederick A. Rose, of the British Navy, who so nobly volunteered his services on board the United States ship *Susquehannah* at Port Royal, and who came in her to New York, devoting himself to the sick crew, was unanimously elected a "member by invitation," and invited to take a seat upon the platform. [Applause.] It was announced that Dr. Rose has left the city.

Dr. Francis G. Smith, of Philadelphia, chairman of the committee on publication, made his report, showing the expense of publishing the annual volume.

Dr. Caspar Wistar, of Philadelphia, presented his annual report of receipts and expenditures, showing a balance on hand of \$806. Accompanying the treasurer's report was a resolution providing that the back volumes on hand, when over two years old, shall be sold at two dollars a volume, and that volumes V, VII, VIII, and IX, of which there are a surplus, be sold at \$5 a set to any member.

The special committee on medical education, of which Dr. G. W. Morris, of Philadelphia, is chairman, were called upon to report. There was no response; and, on motion, the subject was referred to the committee on nominations.

Dr. A. B. Palmer, chairman of the committee on medical literature, asked leave to defer his report until Wednesday, at 10 o'clock, which was granted.

A report was made by the committee on nominations, which was accepted; and the Association then elected the following

OFFICERS.

President, Dr. Harvey Lindsley, of Washington City; *Vice Presidents*, Drs. W. L. Sutton, of Kentucky, Thomas O. Edwards, of Josiah Crosby, of New Hampshire, and W. C. Warren, of North Carolina; *Secretary*, Dr. A. J. Semmes, of Washington City. [The secretary will be elected when the location of the next Association is selected.] *Treasurer*, Caspar Wistar, of Philadelphia.

On motion, Drs. Flint, of New York, Gross, of Pennsylvania, Gibbs, of South Carolina, were appointed a committee to conduct the election of the president elect to the chair.

Dr. Lindsley having been introduced to the Association by the retiring president, Dr. Eve, made a few pertinent remarks, acknowledging the honor as the highest he had ever been called upon to receive, and the highest that any medical man in America can receive. [Applause.] Unaccustomed to preside over so large a body, and having had but little practice in presiding over smaller assemblages, he threw himself upon the forbearance of the Association, and looked to the members for support in the discharge of his official duties. [Applause.]

On motion, the thanks of the Association were voted to the retiring officers, for the able and impartial manner in which they had discharged the duties of their respective offices. [Applause.]

On motion, the ex-presidents of the Association present were invited to take seats on the platform.

The committee on medical topography and epidemics was then reported by states. A paper from the member from Maine stated that he would report next year. There was no response from New Hampshire, Vermont, Rhode Island, Connecticut, or Massachusetts. Dr. Smith, of New Jersey, read an able report on New Jersey, and the Association then adjourned until next morning at nine o'clock.

EVENING HOSPITALITIES.

At eight o'clock in the evening, the delegates, and the ladies who had accompanied them, paid a visit, by invitation, to the Executive Mansion. The East room, with the adjacent suite of drawing-rooms, were brilliantly lighted, and were filled by about five hundred gentlemen, representing all sections of the country, and a hundred or more ladies. One of the delegates had seen upwards of four score physicians, and others have but just entered the lists of their profession.

The President received his guests, as they were successively presented by Dr. Cornelius Boyle, chairman of the committee of arrangements, with his accustomed cordiality, and afterwards moved about in the East Room, engaging in conversation with the groups there gathered. The entire Cabinet was present, with J. B. Henry, Esq., Marshal Selden, and Commissioner Blake.

From the Executive Mansion the delegates generally proceeded to Georgetown, where they were hospitably entertained at the residence of Dr. Grafton Tyler, at the corner of Gay and Washington Streets, and of Dr. Riley, No. 91 Gay Street. A cordial welcome and good cheer awaited them at the house of each of these distinguished practitioners.

At the opening of the second day's session, Dr. Delafield, of New York, was invited to a seat on the platform with the presiding officers.

Dr. Palmer, of Michigan, read the report of the Standing Committee on Medical Literature, a long and elaborate document, which will appear in the Transactions.

Dr. Jas. B. Wood, chairman of the Special Committee on Medical Education, then read the following report, viz:

REPORT OF THE SPECIAL COMMITTEE ON MEDICAL EDUCATION.

Among the leading objects of the AMERICAN MEDICAL ASSOCIATION, since its organization, has been the elevation of the standard of medical education. Every member of this body, fully impressed with the greatness and dignity of his calling, has deplored the inferior qualification of vast numbers of those who annually enter the ranks of the profession, and has naturally sought to remedy the evil.

In his individual capacity, or through the medium of local societies, he could accomplish little towards a general reform; and therefore to this body, representing all the various interests of the entire profession of this country, he looked, as the proper medium through which to effect so desirable a change.

In furtherance of this object, a Standing Committee on MEDICAL EDUCATION was early established, to whom all matters pertaining to this subject might be referred, and brought forward for the consideration of this body.

This committee has presented numerous and elaborate reports, not only critically our system of medical education, and showing the needed improvements, but reviewing the educational systems of other countries, and presenting them in contrast with our

own. In this manner the whole system of medical education has been so thoroughly analyzed, and so completely presented to this body, in all its details, that an extended examination of the subject by any subsequent committee would seem but a work of supererogation.

Adopting the suggestions of the Standing Committee, the Association has, from time to time, recommended certain improvements in our system of medical education, and urged upon the schools these desired reforms. Thus far, little has been accomplished, but discussion and agitation. The schools have been indisposed to adopt the proposed changes in their curriculum of studies, and this Association has lacked the power to render obligatory its proposed reforms.

At the last meeting of the Association, at Nashville, the subject of medical education was again introduced in a series of resolutions, denying that this Association has the power to control the subject of medical education, and deprecating any further agitation of it in this body. A substitute for these resolutions was offered and adopted, recommending the appointment of a Special Committee "to devise a system of medical education, to be presented for the consideration of the Association at its annual session in 1858."

Before proceeding to consider the several propositions submitted to your committee, we beg to premise a remark in regard to the character of the Association, and its power to control the subject of medical education.

This Association may justly be denominated a representative body, the constituency of which, exclusive of the Army and Navy, is as follows:

- 1st. THE LAY PROFESSION, represented through its State, County, and Voluntary Societies.
- 2d. THE MEDICAL SCHOOLS.
- 3d. THE HOSPITALS.

On the floor of this National Medical Congress the delegates of these great interests annually meet, mutually consult over the affairs of the profession, and adopt such measures as will best promote its welfare.

They have but one object in view, and that is neither selfish nor mercenary, viz. the elevation of the character and dignity of the profession, and the advancement of the medical sciences. Separate though these interests are in many respects, yet so reciprocal are their relations, that harmony of views and concert of action must always result from their deliberations.

The Profound as large Capacity even On Solidity, the well-qualified

and thoroughly educated graduates, who shall return to its ranks and give it character and true dignity. The Schools, in turn, depend upon the lay profession for the selection of students who are qualified by natural capacity, primary education, and moral fitness to receive the instructions which they give, and improve the advantages they offer.

The third interest, or the Hospitals, occupies, at present, a position in this body far inferior to its just deserts. Containing within themselves the elements by which alone a medical education can be made complete, and the theoretical student can be made practical and competent to discharge his responsible duties, this interest must, at no distant day, be recognized as indispensable in its relations to any complete system of medical education.

Thus constituted of delegates, representing, on a liberal scale, every interest of the profession, our great National Congress exercises an influence, and wields a power that has all the force and energy of a government. It derives its just powers from the consent of the governed, and rests its claim of authority on the equitable principle that, in representative bodies, the majority must rule. It cannot be considered a merely advisory body, therefore, but must, of necessity, be ranked as a voluntary association of several great interests, reciprocally dependent upon each other, but aiming at the accomplishment of a purpose in which all are alike interested, and thereby exercising, by its moral force, a compulsory power. The secession of either of these interests from a representation in this body would, from its necessary relations to the two remaining, prove fatal to its prosperity, if not to its existence.

These three great interests of the medical profession, represented in this our National Medical Congress, should make common cause in the elevation of the standard of medical education. It is a subject that alike interests them all. The lay members of the profession should cordially support the Schools in their efforts to improve their system of instruction. Standing, as they do, sentinels to the domain of medicine, they ought to guard it with a jealous and vigilant eye, that no unworthy laborer enter in. The Schools should receive the high trust of educational training committed to their care, with due regard to its importance, and endeavor, by every means in their power, to return to the ranks of the profession men in every respect well adapted for the responsibilities of practical life.

They should also foster the Hospitals of our cities as the proper complement of their own otherwise imperfect organizations. The

Hospitals, in turn, should adopt a thorough and complete system of clinical instruction, and afford to students every needed facility.

Thus united, and thus laboring to the accomplishment of one purpose, with generous rivalry, the three branches of the profession represented, may adopt and perfect a system of medical education which shall do honor to the profession and the country.

The duty of this committee, as set forth in these resolutions, is to devise a system of medical instruction, and to this end it is directed to consider,

- 1st. Primary Medical Schools;
- 2d. The number of Professorships in Medical Colleges;
- 3d. The length and number of terms during the year;
- 4th. The requisite qualifications for graduation;
- 5th. Such other subjects of a general character as to give unity to our medical system.

Primary Medical Schools.

It may be said, in a general way, that it matters little how a student obtains his knowledge, provided only such knowledge be obtained; and though the disparity existing among students in their attainments depends very much upon the individual capacity to acquire knowledge, yet it is evident that much of this difference must depend upon the advantages which are afforded for study and improvement.

Medicine is eminently a science of observation and demonstration. The law or theological student may shut himself in the library and obtain a practical knowledge of his profession, for much of his study must be theoretical or speculative. But it is not so with medicine. Every branch of it is susceptible of demonstration and illustration. The student who most actively employs his senses will make the most rapid progress in the prosecution of his study. From the very commencement of his course, the successful student will begin to practice thorough and discriminating observation; nor will he cease to be an observer, while he remains a student, or a practicing physician.

We deem it of the first importance, therefore, in the system of instruction of the study of medicine, that the student be provided with something more than mere books, and office recitations, though these are all proper in their places. He should acquire his knowledge of Anatomy, of Chemistry, of Physiology, of Medicine and Surgery from books, and from the dissection and observation of the human body.

thus obtained would avail him as little, when put to the test of practical application, as would that of the mechanic obtained under similar circumstances.

Whoever affords to the student such advantages for the prosecution of his studies as we have indicated, whether as a single individual or associated with others, deserves all praise and encouragement.

He does the profession at large a great service, and reciprocally receives his reward. On the contrary, we hold that those practitioners who, from their situation, can afford students no other aid than books, or from their engrossment in business cannot give them regular demonstrations, and recitations on the branches pursued, are culpable if they receive students into their offices. They not only do the student a great injustice in thus allowing him to waste his time, that he might otherwise improve, but they do much to lower the grade of medical education by adding to the number of imperfectly educated persons who are annually admitted to the profession.

Primary medical schools in our large cities should be encouraged as private enterprises of a praiseworthy character. But it is needless to expect that such schools, however favorably situated for teaching, will receive general patronage.

Office instruction has been and will continue to be the means by which the mass of students will seek to obtain their primary medical education. While, therefore, we would encourage all efforts to systematize primary medical instruction by the association of medical men, we would urge upon all who receive students into their offices as private pupils, either to give them personal attention by daily recitations and actual demonstrations, or refer them to such school, or to some teacher who will give them proper advantages.

The Number of Professorships in Medical Colleges.

The great advancement of the medical science during the last few years has materially changed the character of the curriculum of medical studies. The more common branches, as Anatomy, Chemistry, Practical Medicine, Surgery, Obstetrics, and Materia Medica, have been indefinitely enlarged, and now require for their complete elucidation more time and more patient and pains-taking demonstration. In addition to the vast improvements in these departments, and the consequent expansion, other fields in the domain of medical science are opened for investigation, and earnest, thoughtful study is not in vain.

Physiology, Pathology, and Microscopy have thus been brought to a degree of perfection that entitles them to a not unimportant place in a course of medical instruction. The medical student of to-day would be sadly deficient in his education, did he not familiarize himself with these latter branches.

To afford the student facilities, therefore, for obtaining a complete and thorough medical education, our schools must increase the number of their professorships, in proportion as each new department of medicine attains the rank of a definite science.

Physiology, Pathology, and Microscopy demand this consideration to-day; they are so generally recognized as essential to a complete medical education, that the graduate aspiring to excellence in his profession, would scorn the imputation of ignorance of them.

We take pleasure in recording the fact, that some of our colleges have, with enlightened spirit and laudable zeal, provided for instruction in these several branches; and we can but conclude, that such schools as do not keep pace, in their teaching, with the progress of scientific discoveries, are doing great injustice to their pupils, and tending powerfully to depress the standard of medical education.

The Length and Number of Terms during the Year.

The reason just assigned for increasing the number of professorships in our colleges may here be adduced in favor of lengthening the annual sessions.

We believe it quite impossible for the lecturer, on any given branch, to do justice to himself within the short period allowed him by the present system; and if the lecturer must fail of properly illustrating and demonstrating his subject for want of time, how far short of properly understanding such subjects must the pupil come, who has in the same space of time to study five or six other branches, all of which are obscure, and must be made the subjects of deep thought for their proper comprehension?

Every teacher of medicine must be impressed with the importance of giving, to both teacher and pupil, more time, not only by lengthening the terms of our colleges, but also by having fewer lectures daily.

The system, as at present pursued, is literally one of "cramming," and must sooner or later be essentially modified. Still more objectionable is the plan of some schools of having two courses in the year, or a fall and spring course. The effect of such schools upon our medical educational system is most disastrous. They serve as loop-holes

by which too many gain access to the ranks of the profession, whom other schools have very properly rejected. Nor can we see any good reason why any school should have more than one annual course of lectures.

The assertion that many students are prepared to complete their studies in the fall, who were not in the spring, by their not having attended two courses of lectures, is no valid reason. Such inordinate haste to complete a course of study is inexcusable in the pupil, and reprehensible in the teacher who encourages it.

The Requisite Qualifications for Graduation.

The standard of general qualifications for graduation which the colleges have adopted is nearly uniform. They require that the candidate shall be 21 years of age, of good moral character, and studied medicine three years under the direction of a regular physician, and that he shall have attended two full courses of lectures, the last of which shall be in the college from which he graduates. As to the requirement of specific qualifications, or actual knowledge of his studies, each school has its own standard, and this, it is humiliating to acknowledge, is too often most inferior. Every person who has been so situated as to have occasion to examine recent graduates, who have become candidates for places in our hospitals, or for other medical appointments, must himself have blushed at the ignorance which is frequently exhibited.

The question is often asked, is there no remedy for this evil? Can no way be devised by which the candidate for graduation shall be compelled to attain to a given specific qualification, or fail of receiving his diploma from any school in the country? We fear not. We have appealed to the schools to make the test of fitness for graduation stringent, but liberal, yet we appeal in vain. Governed by the false and pernicious idea that the prosperity of a school is measured by the number of graduates, a rivalry exists among our schools, unworthy of their character, and detrimental to the best interests of a sound medical education.

We know of no way to completely remedy this radical defect in our present system, but by the removal of the diploma-granting power from the schools, and placing it in the hands of an Examining Board, the members of which shall have no college appointments.

In addition to the present requirements of our schools, there is one

which the time has come for the profession to demand. We allude to ~~the~~ to attendance upon a clinical course in a hospital.

Clinical instruction must be considered the great desideratum ~~in~~ in any system of medical education. It affords the only means by which ~~the~~ which the student can safely apply the knowledge which he has obtained ~~from~~ from the schools to the practical realities of his professional life. ~~At~~ At the bedside, and under the immediate instructions of his clinical pre-~~ceptor~~ceptor, he systematizes his knowledge, and familiarizes himself with ~~all~~ all the details of practice.

In any of our hospitals the student may obtain in a single course ~~a~~ a personal experience in the diagnosis and treatment of diseases, which ~~he~~ he otherwise it might require him years to acquire. He there meets, ~~at~~ at a single visit, every form of any given disease, in every stage of its ~~progress~~ progress, and may put to the severest test his knowledge of the sci-~~ence~~ence of diagnosis. There also he may watch the daily changes which ~~the~~ the disease effects, and accurately determine the value of remedies. It is ~~in~~ in our hospitals only that he can properly study Pathological Anato-~~my~~my, a science which forms the basis of all true knowledge of disease. ~~From~~ From our hospitals alone can men go forth to the responsible and ~~perplexing~~ perplexing duties of the medical profession, thoroughly prepared, from ~~the~~ the first, to meet the most trying exigencies. If all our recent gradu-~~ates~~ates were thus trained for active service, all thus men of experience ~~and~~ and discretion when first they entered upon practice, how vast would ~~be~~ be the advantages which would accrue to the character and position ~~of~~ of our profession.

Nor are students unmindful of the advantages of clinical instruc-~~tion~~tion. Within our own observation, hospitals situated in the vicinity ~~of~~ of schools, and offering clinical advantages, are constantly attended ~~by~~ by students, and oftentimes at the expense of their regular college ~~lectures~~ lectures. We may refer, not invidiously, to the fact that Bellevue ~~Hospital~~ Hospital, of New York, which has an annual course of clinical ~~lectures~~ lectures, has frequently in attendance a class of 300 to 400 students.

If such is the importance of clinical instruction, and such is ~~the~~ its recognized necessity, even by the student himself, the hospitals should ~~be~~ be immediately acknowledged by the schools as embracing a part ~~of~~ of their curriculum of study, and it should be required by the candid-~~ates~~ates for graduation that he have attended a course of clinical instruction.

But it may be asserted that the schools have supplied this deficiency in their system of ~~in-~~ college clinics. To this position we ~~re-~~ respond, it is true, no

known the importance of clinical instruction, but they have in no proper sense supplied the want. College clinics are not favorably regarded by the profession of any city where they exist. They gather in a class of patients who are frequently under the charge of junior practitioners, and after serving the purposes of the professor, and perhaps paying a fee to some attaché of the school, again return to their former attendant. Or they belong to the class of indigent poor, who, after a course of medical or surgical treatment, while living under the most unfavorable circumstances for health, are finally compelled to seek the comforts of a hospital.

And what does this avail the student? He sits remotely from the patient, and gathers but little more information than he would were the professor to read the case from a book, while the subsequent history of the case is entirely lost sight of.

We regard college clinics, therefore, as in no respect supplying the student with clinical instruction, while they are detrimental to the poor where they are established, and injurious to young practitioners.

Such other Subjects of General Character as to give Uniformity to our Medical System.

To give uniformity to our medical system, concert of action, on the part of the Profession, the Schools, and Hospitals, is evidently the *sine qua non*. And the question arises, how shall this be secured? The Profession demands the elevation of the standard of medical education, by the institution of a more thorough system of training than now exists, and a higher grade of qualifications for graduation. The Hospitals tender the varied and exhaustless materials at their command, and are prepared to give completeness and perfection to any system that may be adopted. With the Schools rest the decision of the question: Shall our system of medical education be revised or improved? Are they willing to yield the diploma-granting power to a Board of Examiners? Will they dispense with their college clinics, and substitute a clinical course in a well-regulated hospital, and make the taking of a clinical ticket a requisite qualification for graduation?

We are far from being desirous of urging the schools to any hasty or inconsiderate action. On the contrary, we would counsel moderation, and careful consideration of every proposition of reform in our medical education.

We will conclude this branch of our report by suggesting the probability of a convention of delegates from the various schools of the

country, all being equally represented, to take into consideration the various propositions for reforming our educational system, and to report at the next meeting of this Association.

Your committee have thus briefly reviewed the several propositions submitted to their consideration, and beg to lay before the Association the following conclusions:

First. Primary medical schools should be encouraged; but, as office instruction will continue to be sought by students, practitioners should either give them necessary advantages of demonstration, illustrations, and recitations, or if not prepared to do so, they should refer them to such primary schools, or medical men, as will give them proper instruction.

Second. The number of Professorships should not be less than seven, viz: a Professor of Anatomy and Microscopy, Physiology and Pathology, Chemistry, Surgery, Practical Medicine, Obstetrics, and *Materia Medica*.

Third. There should be but one term annually, which should commence about the 1st of October, and close with the March following, thus lengthening the term to six months. The commencement of the term, in October, should be uniform in all the Colleges throughout the country. During the session there should never be more than four lectures given daily.

Fourth. The qualifications for graduation, in addition to those now required by the schools, should be a liberal primary education, and attendance upon a course of clinical instruction in a regularly organized hospital.

In order to give our Medical Colleges an opportunity to consider the recommendations here advanced, and that this body may have the advantages of their wisdom and their mature views, before any definite action is taken upon them, your committee submit to the Association the following resolutions:

Resolved. That the several Medical Colleges of the United States be requested to send delegates to a Convention, to be held at on the day of for the purpose of devising a uniform system of medical education.

Resolved. That the present Report of the Special Committee on Medical Education be referred to such Convention for its consideration.

Resolved. That said Convention of delegates, from the several

legates of the United States, be requested to submit to the meeting of this Association, in May, 1859, the result of their deliberations.

JAMES R. WOOD, M.D.,

Chairman Special Committee.

This report was referred to a committee of one from each college represented, to fill blanks, &c.

The regular business was now suspended by the reconsideration of the apologies accepted yesterday, in the McClinton case. It appeared soon that a caucus had been held, of those who were dissatisfied with the pacific adjustment agreed to on the previous day, headed by Dr. Jewell, of Philadelphia, and the whole controversy was now forced into the convention, by the reading of a memorial from Philadelphia. This last measure was resisted by Dr. Biddle, and others, of Philadelphia, as a "breach of plighted faith," in that all the parties concerned in the adjustment made yesterday were pledged that the memorial was not to be presented, nor the subject in any way brought again into the body. Dr. Bowling, of Tennessee, stated that he had negotiated with Drs. Condie, La Roche, and others, whom he thought were the jewels of Philadelphia, and having the assurance that they were content with the apology of yesterday, he had not thought of the necessity of consulting another "Jewell," whom it seems necessary to propitiate, although he had believed and hoped the whole matter settled.

After reading the long memorial by Dr. Jewell, which was resisted in vain, by an ardent discussion, the Convention went into committee of the whole, when Dr. T. O. Edwards was placed in the chair.

Dr. Reese then gave a narrative, amid many interruptions, of the manner in which he had been influenced to submit to the pacific paper of yesterday, which would not have been offered had the course now taken been anticipated. He, on his part, had agreed to prevent the presentation of McClintock's memorial, and offer his own personal apology to the Association for the ethical offence, on the express condition that the Philadelphia delegates should suppress their memorial, and themselves move, through Dr. Condie, for the pacific adjustment of the difficulty. He affirmed that he had literally fulfilled his part of the contract, and intended his paper to be a satisfactory apology, and, having offered it good faith, if it was not satisfactory, he was to make it so. But he complained of the treachery which had him in a false position before that body; as though he had it there, when he had united with many of the wisest mem-

bers of the Convention in efforts at conciliation, which have been, seems, unsuccessful.

A stormy debate followed, which all parties must by this time "regret," and which was only terminated by Dr. Reese, who offered the following addendum to the paper read on yesterday, viz:

"The undersigned regrets that he certified to the professional qualifications for Blockley Hospital, Philadelphia, of an expelled member of this body; and hereby offers this apology for his departure from ethical code."

The committee of the whole, having reported to the Convention the result, it was unanimously resolved that this last paper was *ample and satisfactory*, amid loud applause.

Dr. James Bryan again offered his apology and regret in *ipsissimis verbis*, which was accepted, and voted satisfactory in like manner, having been in the same category, and disciplined by his county medical society therefor.

This second day's proceedings thus closed with the final disposition of this unpleasant case, which has agitated the profession for nearly twelve months.

The third day opened with a complaint from a county medical society in New Jersey, made through Dr. Grant, against the New York Medical College, for "granting a diploma to a notorious quack;" accompanied by a printed pamphlet containing a correspondence on the subject, which was referred to the Committee on Ethics.

Dr. Hamilton reported that the delegates from the medical colleges to whom Dr. Wood's report had been referred, recommended a convention of delegates from the colleges, specially instructed on the subject, to be held one day earlier than the next Convention at Louisville, Kentucky, which had been fixed on as the place of the next annual meeting.

Dr. Remis, of Louisville, was appointed Secretary of the Association.

The reading of reports from special committees was resumed, with Dr. Remis, of Ky., Dr. Jenkins, of N. Y., Dr. Stephenson, of N. Y., Dr. Andrews, of Ill., Dr. Campbell, of Geo., Dr. J. M. Sims, of N. Y., and others, read brief abstracts; when, on motion, it was resolved to read all other reports, without reading, to the Committee on Publications.

The Committee on Nominations, through Dr. Edwards, their chairman, reported the following resolution, viz:

"Resolved, That a committee of nine be appointed by the chair, to wait on the Hon. Howell Cobb, Secretary of the Treasury, and respectfully request the restoration of Dr. M. J. Bailey as inspector of drugs and medicines for the port of New York."

This resolution, after extended debate, was at first adopted, and the committee appointed; but Dr. Dunbar, of Baltimore, gave notice of reconsideration, which resulted, in the afternoon, in a rejection of the resolution and a dissolution of the committee, by the indefinite postponement of the whole subject.

This result was due mainly to the exertions of Dr. Tyler, of Georgetown, and to Dr. Dunbar, who deprecated such political action.

The Committee on Ethics, Dr. John Watson chairman, reported that the New Jersey complaint against the New York Medical College had been settled before them in a manner mutually satisfactory; the terms of which were stated and the report accepted.

COMMITTEES FOR THE ENSUING YEAR.

Dr. Edwards, from the committee of nominations, offered the following list of committees for the ensuing year, which was accepted, and the committees were chosen:

Special Committee on the Microscope.—Drs. Holsten, of Ohio; Dalton, of New York; Hutchinson, of Indiana; Stout, of California, and Ellis, of Massachusetts.

Special Committee on Medical Jurisprudence.—Drs. Smith, of New York; Hamilton, of Buffalo; Crosby, of New Hampshire; Purple, of New York, and Mulford, of New Jersey.

Committee on Quarantine.—Drs. Harris, of New York; Moriarty, of Massachusetts; La Roche, of Pennsylvania; Wragg, of South Carolina, and Fenner, of St. Louis.

Committee on Surgical Pathology.—Dr. James R. Wood, of New York, chairman.

Committee on Diseases and Mortality of Boarding Schools.—Dr. C. P. Mallengly, of Kentucky, chairman.

Committee on the various Surgical Operations for the relief of Defect of Vision.—Dr. Montrose A. Pallen, of St. Louis, chairman.

Committee on Milk Sickness.—Dr. Edward A. Murphy, of Indiana, chairman.

Committee on Medical Ethics.—Drs. John Watson, of New York; [unclear], of Massachusetts; Emerson, of Pennsylvania; Hamilton, of [unclear], and Gaillard, of South Carolina.

After suitable votes of thanks to the various authorities and individuals who had contributed to the convenience, comfort, and entertainment of the Convention, and especially to the Committee of Arrangement, for their excellent and ample provision for the accommodation of the body, the meeting adjourned *sine die*, with the understanding, however, that the delegates, with the ladies accompanying them, should meet on Friday morning for a steamboat excursion to Mount Vernon, which came off in a highly creditable and satisfactory manner, and a jovial entertainment, consisting of a "planked sh-bake," which was accompanied by a feast of other good things, both for eating and drinking, and speech making.

The receptions on each evening of the Convention, by President Buchanan, Senator Douglas, Drs. Tyler, Riley, Miller, Boyle, Mason Johnson, and Garnet, were liberal and on an extensive scale; the attendance at each being a "perfect jam," there being more than five hundred delegates and members of the Convention alone, many whom were accompanied by ladies, whose entertainment was amply provided for.

The convention at Washington will long be remembered by those present, and, although less business was done, legislative or scientific than usual, yet the volume of Transactions will show many able and useful papers.

[We insert the following article with much pleasure, and forego one we had prepared on the same subject. The tribute to Professor Paine, and his works is richly merited.]

THE INSTITUTES OF MEDICINE

By MARTIN FAIRB M.D. New York 1834. Oct. pp. 1095.

Dr. REES—

The work whose title is here given seems to me to deserve a more extended notice than I have as yet observed in your pages. Indeed, the *American Medical Press* has almost ignored its existence: at least, it has not attracted that attention to which its merits seem fully to entitle it, and which it has received in other countries. No one of our profession has been moved with higher honors aimed than the author of this book, and of "The Medical and Physiological Commentaries," while it seems to have been almost a studied attempt to do him injustice, by passing his meritorious labors by in silence. It is true, some harsh criticisms have been made on some of them, the least

important portions of his writings, while the great mass of them have lived neither favorable nor unfavorable notice. This may have owing to the fact, that he has opposed the popular humoral theories of the day, and disputed sentiments which have been very generally received by the profession. But surely this is no just ground of condemnation, provided he gives good reasons for his opinions, decking them with learning, candor, and ability, which I believe is accorded by all who have examined his writings. That they are characterized by great analytic power, profound philosophy, rare wisdom, and unsurpassed learning, no candid reader can deny; that they rank with the foremost works in our science, and entitle their author to a high rank among the greatest men in medicine, will hardly be disputed. Another reason why Prof. Paine's writings have not had a more extended circulation is, that they are very voluminous, and require deep and close study. The "Commentaries" extend to three volumes, embracing 1,982 large octavo pages, while the last edition of the "Institutes" numbers 1,095 more, making a total of 3,077 pages in these two works alone, exclusive of his "Materia Medica," &c.; and these are not mere compilations, requiring little thought or study, but profound philosophical treatises relating to some of the most recondite and difficult subjects in medicine, such as the "Vital Powers," "Blood-letting," "The Humoral Pathology," "Physiology of Animal Heat," "Philosophy of Digestion," "Theories of Inflammation," "Philosophy of Nervous Congestion," "Comparative merits of the Hippocratic and Anatomical Schools," &c., &c. Another drawback to the extended circulation of the "Commentaries" is doubtless the want of an index, so convenient to all, and especially to those who, like most practising physicians, have not time for any continuous or extended reading. The work constitutes a vast and exhaustless mine, which to be worked to advantage must be accessible to all, but which has hitherto lain neglected for want of suitable facilities for approach.

The new edition of the "Institutes" just issued is enlarged by an appendix consisting of 316 pages, including an index of 175 pages, which may well be called a *model index*, as it contains a brief summary, not only of the entire work. In the appendix many important subjects are discussed with the usual acuteness and ability of the author. Among these we have noticed one brief article on the "Rights of Physicians," regarding which we purpose to make a few remarks. In this the author claims originality in regard to all that is most

essential in the application of the nervous power or reflex act the nervous system to pathology and therapeutics, as well as to of what is most important in the natural state of the functions one can read the "Commentaries" without noticing on almost page that the nervous power, as well as the reflex action of the ous system, are made to play an important part in the various cesses of organized animal life, in the production of disease, i operation of remedies, in all the results of blood-letting, in the cl which take place in the *secreted* and *excreted* products, &c. The action of the nervous power is represented throughout as ope as a *vital stimulus*, or *vital depressant*, or *vital alterative*, and tl regards *all* the functions *secretory*, *excretory*, *muscular action*, *ce* &c. This could be made evident by numerous quotations, w necessary. On page 643 of the "Institutes" we read: "And l opened to us a display of those sympathetic processes which take origin in cerebro-spinal nerves along with the sensitive fibres i sympathetic, and terminate in the motor fibres of the ganglioni tem." This would seem to cover the whole ground recently cl by others. But there are numerous places where the whole s of the mechanism is greatly amplified, and applied under all the va aspects of health, and disease, and therapeutics. He every endeavors to establish the fact that *secretion* in animals is cond by powers implanted in every part, but that it is constantly influ physiologically, pathologically and therapeutically by reflex acti the nervous system. We quote a few sentences from the Ess the "Modus Operandi of Remedies," published as long ago as "It is through this principle (reflex action) that emetics and c tics produce their most sensible manifestations, and the same i cerned in all their influences on other parts. *It is the same as co the process of respiration*; the point of departure is the mucous of the lungs, from which an impression is transmitted throug pneumogastric nerve, as well as through the ganglionic, to the and spinal cord, where the nervous power is developed and rel upon the organic properties of the maseles of respiration, throug

on an emetic operates, the philosophy of its influences is the that which relates to respiration, &c. The impression upon each is transmitted to the brain and spinal cord through the gastric and ganglionic nerves, the nervous power developed acted in the foregoing manner upon the respiratory nerves, another current descends along other fibres of the pneumogastric muscular tissue of the stomach. If the emetic operates as *cathartic*, impressions are transmitted from the intestinal membrane to the cerebro-spinal system, the nervous power developed and modified according to the nature of these impressions, and spread abroad as when the result of the action of the emetic upon each, and with effects corresponding to this new development and modification of the nervous power." The author has indeed been criticised by many, on the ground that he carried his philosophy of the *modus operandi* of medicines through *reflex nervous* too far, as in the case of cathartics and emetics, as above, and of diuretics, diaphoretics, &c.

True, the author often uses the term "sympathy" in place of nervous influence," when it is obvious to the reader that the latter was intended. Indeed in one passage, "Institutes," p. 912, he states that "*he always means by 'sympathy' reflex action of the system,*" as Marshall Hall has stated. The elaborate experimental demonstration of *reflex excito-secretory* action is the result of the experimental labors of M. Claude Bernard. But it cannot be denied that the author of the 'Commentaries' pointed out with great accuracy, many years before, all the facts, with all their wide-extended and consequences, physiological, pathological and therapeutical, are now acknowledged to flow from them. If so, it is not true that the idea, and the designation of an *excito-secretory* action, belong to Dr. Campbell," as Marshall Hall states; and had this great man read the works of Dr. Paine, he, doubtless, would never have made any such statement. Dr. Campbell's claim will be best understood by the following quotation from his essay:

The cerebro-spinal system has been subdivided into two portions, the sensory system of sensation, and those presiding over muscular action. It has been observed to subsist between these two portions of the system, by virtue of which the sensory nerves have been designated as exciters to the motory; and hence this system has been designated as the *excito-motory* system.

Dr. Marshall Hall the *excito-motory* system of the nervous system is set forth more fully in the present discussion.

sion, these same sensory nerves are not only excitors to the *motory* system, but, under certain circumstances, most of them sustain an analogous relation to the *secretory* nerves, exciting them and modifying their action, diminishing, increasing, and altering the secretions according to the extent and character of the excitation applied. It will be our object, then, to show that the sensory nerves, or at least some of them, sustain to the other two portions of the nervous system a double relation; first, excitors to the motory system, giving rise to the excito-motory system described by Dr. Marshall Hall in 1837; and secondly, excitors to the *secretory* system, *enunciated first in this country in the year 1850*; and which second system Dr. M. Hall did not appear anywhere to recognize until the year 1857." Now, the quotations from Dr. Paine's works, as well as scores of others that might be given, show that the whole of the foregoing anatomical specifications not only lie at the foundation of his "Institutes of Medicine," but that they are distinctly presented in numerous places. Indeed the first quotation, forming the ground-work of the author's explanation of the *modus operandi* of counter-irritants, covers the whole ground and presents the complex connection of the twisted fibres of the cerebral spinal nerves with the excito-motory fibres of the ganglionic system. So far, therefore, from this being a "great discovery" of Dr. Campbell we believe it will yet appear to be no discovery at all; nor is he the first who "believed it in its true light." *He, doubtless, first made it the subject of a special monograph*, but there is scarcely an idea in his essay but what may be found in the writings of Dr. Paine, or has been advanced in his annual course of lectures for the last seventeen years in the University of New York. These remarks are dictated solely by the sincere desire to do credit to a hard-working member of our profession, who has done much to elevate its character abroad, well as at home, to do honor to the medical literature of our country and advance the interests of medical science. C. A. L.

SELECTIONS.

Sketches and Illustrations of Medical Quackery.

HOMŒOPATHY AND SCARLET FEVER.

The subjoined confessions of a homœopathist, of his experience of scarlet fever, will doubtless surprise our readers. It is well known that there is no disease in the treatment of which the infinitesimal gentian

more loudly boast of their success than in scarlatina, some even claiming invariable success in the disease, when treated by them from the onset according to homœopathic doctrines. The following statement by Dr. JOHN C. PETERS, one of their own number, one eminent among them, and one of the editors of the *North American Journal of Homœopathy*, from the No. of which Journal for Feb., 1858, we extract it, shows how little grounds they have for their boasting, and exhibits a most melancholy picture of want of success:

"Our art (homœopathy) as it now stands," says Dr. Peters, "offers little or no better help to the young physician than the imperative necessity of making a selection of one or two among forty or more, more or less appropriate remedies; and this selection, which is always difficult and uncertain, must be made with the greatest accuracy, while the physician is under the pressure of the most harassing anxiety about his patient. It is full time that aged and experienced physicians should give us the benefit of their trials, successes, and failures, fairly and honestly; let us know the cases in which we may hope for a reasonable amount of success, and above all, point out those which they fail in, and in which almost every one else will surely fail.

"Our hand-books simply refer us from one remedy to another, perplexing us with a host of indications which are rarely or never met with at the bedside, and always leaving the ingenuous and conscientious physician under the horrible fear that he has not made the right selection, and still leading him off, *ignis fatuus* like, to some other equally inefficient remedy, which has been strongly recommended on very slight theoretical grounds, and still slighter clinical experience.

"My experience in fatal cases of scarlet fever has been as follows :

"1st. In the earliest part of my medical career, I was placed as guard with a child severely sick with malignant scarlet fever, with a most severe anginose affection, copious exudation of plastic lymph upon the pharynx and tonsils, croupous symptoms, and probably exudation on the larynx and trachea, great swelling of the parotid glands, profuse ichorous discharge from the nostrils, and very scanty eruption. The treatment was conducted by three of the oldest and ablest homœopathic physicians which our city then or now affords, and the case terminated fatally.

"2d. I was called in counsel by one of the above physicians to aid him in the management of three cases which had been under allopathic treatment; one case was almost moribund when we took charge, and it died in a day or two; the others recovered.

"3d. I was called in counsel to a case which had been treated homœopathically from the beginning by one of the earliest converts to homœopathy; and this case also terminated fatally.

"4th. Scarlet fever broke out in a family with four children; they were attacked successively at intervals; the character of the disease was severe and dangerous, with croupous exudation upon the throat, swelling of the parotids, ichorous discharges from the nose, abundant eruption, delirium, hoarseness, albuminous urine, &c.; these threats were covered after a hard struggle of several weeks, and no bad effects were left.

"The fourth child sickened three weeks after the others; during this time it had been separated from the others, and had taken his nurse freely and faithfully; but the old nurse, finding the little child in the hall, she having just come out of one of the sick rooms, her dress covered with some of the profuse discharges from the ears, and nostrils of one of the other children, could not refrain from hugging and kissing him, as she was dearly attached to him, and had not seen him for several weeks; in fact, she sat down with him in her lap in the hall for fifteen minutes or more. The same evening I took tea with the family; my dear little patient was sitting at table perfectly well, ate his supper with relish, but when he lay down to go to bed, expressed a wish to speak privately with his father, to whom he complained of a slight sore throat; he was immediately brought back; I examined his throat carefully, but could detect no redness or swelling, and his pulse was but slightly accelerated. Small doses of belladonna and aconite were given, and I left the house but little prepared for the coming storm. I was summoned early the next morning and found my little friend completely prostrate; he was almost unconscious, his face deadly pale, with the peculiar pallor about the ears, nose, and lips which are only seen in the severest cases. I learned that he had slept as usual up to twelve o'clock, then awoke vomiting and vomited fifteen or twenty times, and now seemed in an almost hopeless condition. He, however, rallied from this, the eruption came out most abundantly, the throat and head symptoms were most severe, but he finally became delirious, and refused all food, drinks, or medicine, and died on the eighth or ninth day. I was assisted in the treatment by one of the oldest and most experienced homœopathic physicians.

"5th. About a year afterwards, I was summoned in counsel to a case of scarlet fever in an infant which had been born in the above family since the death of the former child; there was not the slightest sign of an eruption.

the same deadly pallor of the face and ears, profuse acrid discharge from the nostrils, plastic exudations upon the throat, and swelling of parotids; the child had already been sick under homœopathic treatment from the commencement, viz., for three or four days; I did not hesitate to pronounce the case to be one of malignant scarlet fever, which had not been previously suspected. It terminated fatally a few days later.

"6th. I was called in counsel by one of the most careful, strict, and experienced homœopathic physicians, to see two children with malignant scarlet fever, whom he had been treating for several days; they both were in a hopeless condition, and both died in a few days.

"7th. I was called in counsel, in company with the oldest and most experienced physician of our school in this city, to see two children who had been sick for several days under the treatment of one of our most prominent, careful, and strict homœopathic physicians; one seemed to be in an utterly hopeless condition, and died in less than twenty-four hours more; there seemed to be not only a reasonable, but a great amount of hope of ultimate recovery for the other, which remained under the exclusive care of the attending physician; but a few days after I learned that it also had died.

"8th. I was called in counsel to see an infant eight or nine months of age, who had been sick with malignant scarlet fever and hooping-cough combined for four or five days, under the care of altogether the most pains-taking and conscientious homœopathic physicians of this or any other country. As the case had progressed so badly, I was allowed to follow out my own plans of practice, but the case terminated fatally in a few days more. There were profuse discharges from the nose, exudations upon the throat, swelling of the parotids, inflammation of the lungs, while the paroxysms of hooping-cough were severe and well marked; the eruption was distinct, but not abundant. The child had been exposed both to hooping-cough and scarlet fever.

"9th. I was called in counsel to see a fine boy, sick for two days, and utterly prostrate; he had been treated homœopathically by one of the most intelligent and liberal of our school; he died the same day.

"10th. I was called in counsel by one of my colleagues to see a girl, aged six or seven, sick for five or six days with scarlet fever in an aggravated form; the croupous symptoms were the most urgent; the voice was almost extinct, the breathing oppressed and creaking, plastic exudations upon the throat, ichorous discharge from the nose, &c. She died a few days after.

"The majority of the above cases had been treated with high dilutions and by competent physicians; all the cases with which I had anything to do were treated with low dilutions and crude medicines, and every expedient with which I was acquainted, and approved of, was put in practice.

"11th. I was requested to take charge of a little girl who had been abandoned by her allopathic physician as being in a hopeless condition; two or three of her brothers and sisters had been severely sick, and had recovered under allopathic treatment. The throat and nostrils were completely blocked up with plastic exudations, the parotids were much swollen, and the symptoms of croup were very prominent. I applied dilute nitric acid to the throat and nostrils, used leeches and inunctions, &c., but without success; I had the advantage of the counsel of our oldest and most experienced homœopathic physician, who thought there was some hope of saving the case; but it died.

"12th. I was called in counsel, by the physician alluded to in Case 8th, to a child, whom he had treated from the commencement, four or five days in all, and in whom the pseudo-membranous antritis of the nose affection had already progressed down into the larynx; it died.

"13th. I was called in counsel by the same physician to see a little girl with the most intense inflammatory non-malignant case which he or I had ever seen; the brain symptoms were predominant, and the eruption most intensely developed; it died."—*Med. News.*

[From the Nashville Medical Journal.]

MIDWIFERY IN ARKANSAS.

PROF. BOWLING—I wish you could have the pleasure of attending a case of midwifery in the backwoods of Arkansas. I am satisfied that you would never forget it, should you live to be as old as time itself.

I will give you the particulars of my first case in this state; the outlines would be too tedious. July the 4th, at a gathering of the backwoodsmen to drink, fight, and hear some candidates speak, I was accosted by a rough-looking fellow, who told me before the whole crowd that his wife was likely to be confined; that she had miscarried once from a cow kicking her up against the fence; that Dr. Y. near Pine Bluff, had attended to her, and told him if she ever became pregnant again to be sure and have a doctor with her; because he said she was too small ever to bear a full-grown child. He said he

me to stay about my office as much as possible, as the time was far distant. August 3d, at midnight, raining like scissars, I came. I saddled my mustang and away I went, distance four miles.

When I arrived I found that he had secured the services of an old midwife, whom I met at the gate half crying and half praying, "Lord God, what will be done? Oh, Doctor, the woman's head is turned wrong side outwards; what shall be done?" I told her that all could be made right in a few minutes, and asked her what was the matter with the child? "Lord God," says she, "*it aint come yit.*" I asked her how it was possible for the womb to be turned out without the child first being born. "My God," she says, "I don't know, but it is so." I asked her to suppose a case—that she had a cat in a bag; could she turn the bag wrong side out without turning the cat out? "Well, Doctor, may be you can't; but this is thirty-three cases I have been to, and I have seen just such a one." I went in, found the os well dilated, the cervix tender; nothing wanting but a few pains to expel the child. By rubbing friction and other means, all failing, I proceeded to give her a hot bath, and in ten minutes the child was born, and a fine one it was, healthy and stout. Her husband went under the bed and brought out his jug of whiskey, as is their custom in the backwoods. The man did very well, and I have lost sight of her and her husband and never yet seen the fee.

I have since been tormented a great deal by this old midwife or old woman, so to know what it was I gave the woman to make her have the child quick. I told her once it was *secale cornutum*, knowing that she would not know what that was, and finally told her that I had forgotten the name of the stuff. I met her again where a negress was to be bled. I examined the patient, found pains erratic, doing no good, so I gave forty drops of laudanum and went into the house, leaving the woman in the kitchen. I had not been there long before the old midwife came in, and told the owner of the negress that it was a case of *secale*, and that the doctor had some stuff that would make her have the child in a minute, but would not give it to either her or the negress. I told her that the woman did not need it; that she was not in a condition to receive it, as the parts were not dilated, and it would be hazardous to give it to her. The old midwife got so hostile at me that she went away, and told the neighbors that I knew a good deal about medicine, but she could learn me a heap yet.

The old midwife, or rather old hag, never would allow the ladies to

be taken from the fire-place of the house in which the woman was confined. She said if the ashes were taken up the child would surely die, the mother be long in recovering, and the ashes never make soap. Also some holly tea to sweat its lungs, and a piece of fat bacon to suck to operate on the bowels. ARKANSAS SWAMP DOCTOR.

JANUARY 26th, 1858.

[From the Philadelphia Christian Observer, May 13th, 1858.]

JEFFERSON MEDICAL COLLEGE.

This institution began its career in 1826, and of the various faculties connected with it until 1841, at different periods, no fewer than eleven professors have died. Of the new faculty appointed on the reorganization in 1841, a single professor has been lost by death, viz., Dr. John K. Mitchell. Two of that faculty have resigned their places in consequence of impaired health, but both are living at this date.

The success of this school of medicine has doubtless been due, in great measure, to the permanent character of its faculty since 1841. This important feature, backed by indomitable energy, accounts for the unparalleled prosperity of the institution, within whose walls the largest medical class in the world has been congregated. It is now well known that the vacancy recently made by death, has been supplied by the appointment of one of the ablest physicians of the United States, viz., Professor SAMUEL HENRY DICKSON, of South Carolina, who will enter on the duties of his new post in the coming fall.

This school enjoys the patronage of every part of our country, and to some extent that of several foreign lands. The Southern States contribute largely to swell the annual classes, more than half the number in attendance last winter representing what are called the slave-holding states. As many persons are unaware of the manner in which the members of the present faculty represent the Union, it is proper to say, that three are natives of Pennsylvania, one was born in New Jersey, one in Georgia, and one in S. Carolina; while the excellent and indefatigable Dean is a happy representative of the mother country.

The Alumni of Jefferson Medical College are now to be found in honorable positions in almost every region of our great republic. Not a few have been elevated to the important post of teachers in the medical institutions of recent date, and some of them are, at this moment, rendering good service in the capacity of missionary physicians in foreign lands.

BOOK NOTICES.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK. 1858. Albany.

This is a beautiful 8vo volume, of 650 pages, for which the profession are indebted, as heretofore, to the wise generosity of our State Legislature, who have caused a large edition to be printed and bound for wide circulation. Nor is this compliment unmerited, for it contains, in point of ability, variety, and utility, a treasury of knowledge for the profession and the people of the state; embracing topics of general interest, and commanding importance to the public health and welfare.

We regret that our limits forbid a more extended notice, and that for the present it must suffice to transcribe the table of contents and list of illustrations, all of which latter are well executed, and the book is throughout creditable to the state printer. Many of the papers are of unsurpassed ability, and most of them eminently practical. The numerous typographical errors are unfortunate, though most of them are corrected at the close of the volume.

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CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY. By J. M. Carnochan, Professor of Surgery in the N. Y. Medical College, Surgeon-in-Chief to the State Emigrant Hospital, &c.; with illustrations, drawn from nature. Philadelphia: Lindsay & Blakiston. 1858.

This is the first number of a serial publication, announced in our advertising columns, and is issued in quarto form, in a style of excellence which must commend itself to the profession as worthy of their patronage. It is dedicated to Gulian C. Verplanck, LL.D., the President of the Hon. Commissioners of Emigration, a scholar, statesman and philanthropist; and also inscribed by an epistle to Valentine Mott, M.D., LL.D., the author's preceptor and friend, whose name is identified with surgical science by his life-long success and skill in a department in which he knows no superior.

The present number contains a successful case of amputation of the entire lower jaw, beautifully illustrated by colored plates, with remarks on this operation; and cases of Elephantiasis Arabum, successfully treated by ligature to the femoral artery, with a plate, illustrating the subject.

It is now more than seven years since we took occasion to predict the successful career of Dr. Carnochan in surgery, then only beginning to make himself known in this department. We saw then that his merits were not appreciated nor recognized, and we resolved upon aiding him, by our Journal, in attaining the position to which we knew him to be entitled. Since then he has reached the proud positions he now holds in the Emigrant Hospital and the N. Y. Medical College, in both of which he has fulfilled our prognosis, by his skill and success.

He now appears before the profession and the public in a series of issues from the press, of which this number is a specimen. In these, it will be seen that he is no common-place surgeon, but that in the science, as well as the practice of surgery, he is at home. Many of his operations have the rare merit of novelty, and his extraordinary success in public and private practice is at last felt and conceded. We congratulate him on his brilliant career, and claim the merit of having introduced him to his present elevated position, by the comments and criticisms of the Gazette.

REPORT OF THE RESIDENT PHYSICIAN OF THE NEW YORK CITY LUNATIC ASYLUM, Blackwell's Island. For the year 1857.

The faithful resident physician and superintendent of this great public charity has this year departed from the old routine in annual reports, and issued a very readable and highly interesting document, the circulation of which cannot fail to be eminently useful.

There were at the close of the year 627 patients; although during 1857 there had been 221 discharges and 75 deaths.

The buildings, though spacious and eligible, are wholly inadequate to the

comfort and well-being of so great numbers, and the patients must therefore be inconveniently crowded. This ought not to be, nor indeed, in the judgment of the best-informed men on the subject, should more than 200 or 300 lunatics ever be placed in any single institution. The economy of one large asylum, in contrast with the expense of sustaining two or three, as are required here, is no justification for not doing what is best for these unfortunates.

EDITOR'S TABLE.

AMERICAN MEDICAL ASSOCIATION.

The proceedings of this body, at its late annual session in Washington, are reported somewhat in detail in this number, although for much that is omitted we must refer to the forthcoming volume of Transactions. The Philadelphia controversy with the Editor of this Journal was dragged into the convention, as will be seen, despite of concerted measures of conciliation by all the parties concerned, as had been supposed. Our paper will speak for itself, page 321, and was previously approved as a pacific and satisfactory apology, by such men as Drs. Eve, Palmer, Bowling, &c., and also by Drs. Condie, La Roche, Biddle, Hays, G. B. Wood, &c., of Philadelphia. Certain indiscreet brethren insisted upon *reconsidering* the settlement made on Tuesday by almost unanimous vote, and hence nearly the whole of Wednesday was consumed in a discussion which was not creditable to the body, as appears by the attempt of the public press to ridicule the whole action. The addition to the paper alluded to, of the single sentence, is not a whit more apologetic than the former was intended to be; but passing the "criticism" of that literary savior, Dr. Atlee! and the eloquence of Dr. Jewell having been ventilated, it was pronounced "full, complete, ample, and satisfactory."

We trust that the McClintock affair has now reached its ultimatum, and that we shall have no further occasion to allude to the subject. He did not offer either his credentials as a delegate, or his memorial for restoration to the body, although he arrived at Washington in season. Wiser counsels prevailed, as the vindictive temper of certain parties was too manifest to allow of any hope of forgiveness, and he prudently retired with his papers, as he was advised to do, and await the hallowing influence of time.

VISIT TO MOUNT VERNON.

The delegates and members of the American Medical Association, together with numerous ladies, were escorted by the Committee of Arrangement in the city of Washington, and started for the purpose, to the

classic grounds of Mount Vernon, the party numbering some six hundred. The day selected was cloudy, though more pleasant on this account, as the heat of a Washington sun would else have been an inconvenience.

A planked pathway led from the landing to the tomb of WASHINGTON, a distance of only a few hundred yards, where, beneath an open canopy, repose the remains of the FATHER OF HIS COUNTRY; and immediately by his side lie those of his queenly consort and companion, his own beloved Martha, lovely in their lives, and in death undivided. The bodies are enclosed in two massive sarcophagi, precisely alike, and each hermetically sealed. The vault in which the bodies were originally interred, and whence they have been removed to their present resting place, is still shown to visitors, though totally dilapidated and in ruins. Close at hand, on the brow of a hill, stands the old homestead, a spacious mansion in its day, which was the residence of Washington when at home, and relieved from the cares of state and the toils of the battle field, he was permitted to domesticate with his family. His descendant, Col. Washington, now occupies the premises, and much of the useful and ornamental furniture and fixtures remain in *statu quo*, as when in the possession of his illustrious grandsire, awakening the most touching recollections. Thanks to the ladies, who have rallied at the spirit-stirring call of Miss Cunningham of South Carolina, this sacred ground, including the whole of Mount Vernon, comprising about two hundred acres, will now become the property of the nation. For the part the Hon. Mr. Everett, of Boston, has taken in consummating this result, his name and memory should become immortal. May we not hope that Congress will preserve and perpetuate this spot of earth, now sacred to the memory of the greatest of Americans, to the latest generation, in honor of him who is still "first in the hearts of his countrymen?" Let our children's children make their pilgrimage to this our American Mecca, to renew and repeat their vows of patriotism in the home and at the grave of Washington. Let these extensive gardens, summer house, pavilion, and mansion be no longer given up to decay and ruin, but let all be repaired and renewed in their pristine simplicity, transmitting to posterity a portion of American soil unpolluted by the footsteps of a single slave. Let it be henceforth the home and the temple of Freedom.

The Charleston Medical Journal promises its readers, with the next number, an engraved portrait of Prof. Dunglison, of Philadelphia, which will be much sought after by his numerous friends and admirers, than whom no medical man in the country has more.

HOMŒOPATHY,

if we may judge by the signs of the times, and the recent indications in certain Medical Journals, is not only to be tolerated by the regular profession, but to be taken into favor in high quarters. We have lately published the plea of Professor Samuel H. Dickson, for "conjoint service" in Hospitals and Schools with Homœopaths, as being an honorable alternative, instead of relinquishing our positions when these gentry are placed on equality with us, as they have been in the projected hospital at Chicago, and as they are clamoring to be in the hospitals of New York. But he does not admit of our professional *consultation* with Homœopaths in public or private practice, but rather condemns it as preposterous. Dr. Davis' article in the *Chicago Journal*, and our own comments in the *GAZETTE*, are before our readers, and Dr. Dickson's rejoinder has also appeared, all on the same subject.

A writer in the *Boston Medical and Surgical Journal*, strongly endorsed, though calling himself "Senex," has since come out decidedly in favor of *consultations with Homœopaths*, as being reasonable, honorable, and profitable. His chief argument is, that it is wrong to prescribe them for a mere "difference of opinion," as though this constituted the only difference between a Homœopath and a physician. His article is ably replied to in the same journal by "Junior," who exposes this fallacy, and shows that a consultation with any Homœopath is an endorsement of *dishonesty*—this being inseparable from his creed and practice; and hence argues that no regular physician can consult with a Homœopath, without forfeiting his character.

Still, now that our Medical Journals are thus beginning to discuss the *pros* and *cons*, we shall not be surprised to learn that a treaty of amity and comity will be entered into shortly, under which certain physicians shall consent to meet on equal terms with Homœopaths; although both parties must know that any such consultation must be a farce. Our objection lies against fleecing the patient; first, of the fees to both parties for a bogus consultation, and it can be no other; and second, of his health and life, if either are sufficiently involved to need medical advice. If in any case of acute disease in a vital organ such "conjoint" consultation is held, the honest Homœopath will rely on the "expectant treatment," or its equivalent infinitesimal of medication. The regular physician will know that under such treatment, and without directly opposite, and even active remedies, a fatal result is inevitable. But they are in consultation co-equals in authority, and agreement impossible. If the regular physician yield, the patient

must die. If a third physician be called as an umpire, and chance to be a Homœopath, three physicians will get a fee out of the estate, but the patient is the victim, the physician being overruled by two of the sect, and all that is left to him is the sad consciousness that the patient might have been saved by remedies which the consultation ignored.

Our own practice has ever been to refuse consultation, under all circumstances, with any Homœopath, and this on the ground, that while he from any motive consents to this designation, he is not and cannot be a physician. Hence we ignore his presence in a sick room, owing him no courtesy; prescribing for his patients, whenever transferred to our care, as though he were not in existence, and retiring instantly from any family where we are insulted by allowing him to prescribe. Our justification is, that either he does not know the nature and properties of drugs, nor their effect on disease; or if knowing, is not governed by such knowledge, nor cannot be if he honestly hold his creed; and in either case to consult with him would be an imposture, and if either of us were paid, we should be receiving money under false pretences.

That there are well-informed physicians who sail under the Homœopathic flag, who will bleed, leech, cup, blister, and prescribe rationally such drugs and doses as emergencies require, only employing the tricks of Homœopathy as a "tub to amuse the whale," we admit; and such we despise for their dishonesty in sailing under false colors. They might not differ from us in consultation, but self-respect forbids any association with them. While if they were honestly Homœopaths, concurrence with them in consultation would be impossible, and hence we decline professional intercourse with all, as the only safe course for ourselves or for the sick, and this at whatever pecuniary sacrifice—for money is not, in our creed, the chief end of man.

Let the Homœopaths renounce their pretensions to any "exclusive knowledge" of any "peculiar system," or "new school," or "law of cure;" and let them cease to claim that the regular profession are all wrong, while knowing them to be right, and renounce the nicknames of "old school" and "allopathy," as applied to us in reproach; and let them bring into our ranks all they know or have learned, as a superaddition to medical science, which has ever welcomed all that is true, and rejected all that is false, whether new or old; and they will then, and not till then, be worthy of our recognition in consultation or otherwise.

While we concede that there are men among them who know all

that we know of medical science, we claim that they know nothing of disease or remedies worth knowing, which has not been equally accessible to us. We have as high motives to acquire all new and useful knowledge as they can have, and have no prejudices, mercenary or otherwise, which can deter us from seeking after whatever is new or useful in the practice of our art. Medical science is ever improving, and its cultivators in our ranks are ardent and eager to profit by whatever of novelty or utility they have to offer. Let them bring it to our common storehouse, and no longer fritter away their lives in searching for specifics in experiments in mysticisms; but, instead of paddling their puny canoes in little brooks and rivulets in pursuit of pebbles, let them launch out with us into the open sea of scientific research, freighted with all that is known, and seeking after all that is unknown. Thus we may become fellow laborers in the common work of improving and perfecting the divine art of healing for the benefit of our common humanity.

PROFESSOR E. GEDDINGS,

of the Medical College of South Carolina, has recently resigned his chair of Anatomy in that Institution. The simultaneous retirement of Prof. Dickson from that school, by his removal to Philadelphia, constitutes a double loss, for both are able and popular teachers, whose places it may be difficult to fill. The high character of the College, the reputation of its Faculty, and the prosperity indicated by its large classes, will, however, doubtless enable the school to supply the void so unexpectedly made, by selecting worthy and capable successors in the vacated chairs, in time for the next session. Happily, the Southern profession numbers in its ranks so many who are proudly eminent in every department, that in their section there is neither necessity nor motive to prefer their Northern brethren for their posts of honor and emolument, over their own sons.

HOSPITAL APPOINTMENTS.

These high professional positions are too often dispensed by political authorities, and sometimes to the public detriment. Very recently the new Governor of Massachusetts has removed Dr. J. R. Lothrop, the popular and useful Superintendent of Rainsford Island Hospital, and appointed in his stead a political favorite, Dr. L. M. Barker, who it seems has no professional status. Much indignation is expressed by the Boston physicians at this disregard of their remon-

strance; and as Dr. Morris, of the State Prison Hospital, has also been removed, apprehensions are expressed that political removals from other hospitals are to follow. But, "to the victors belong the spoils," is the motto of political partisans, and may we spare our breath in complaining, for doctors, as such, have no influence in defeating or changing such appointments.

The truth is, our profession have destroyed their influence in such cases, by assuming the right to dictate to the appointing power, even when men undeniably competent have been selected; and when the prejudices against the individuals have been betrayed as the dominant motive. If educated and capable physicians reach such positions through political influence, the profession will gain nothing, but lose everything, by taking part between the *ins* and the *outs*. If the appointee is educated and capable, the profession as such should be silent, and only move when incompetent men are placed in charge of public charities. If they only act on such grounds, they will be influential; but when they denounce an appointment of a capable man, avowing as their motive his technical relations to any school, party, or clique, irrespective of qualifications, they will only have their labor for their pains.

The American Medical Association, at its late session, very narrowly escaped self-stultification, by approaching the Honorable Secretary of the Treasury, asking the removal of the Inspector of Drugs for New York, and the re-appointment of his predecessor, who was recently removed by the department. Let our profession keep aloof from politics and religion, the state and the church, in our public relations, for they will prove only "entangling alliances."

PROFESSORIAL CHANGES, &c.

Dr. Henry Miller has resigned his chair of Obstetrics, &c., in the University of Louisville, Ky., an event deprecated by his colleagues, who have ever held him in high estimation.

Dr. Charles Frick has been appointed to the Professorship of Materia Medica and Therapeutics in the University of Maryland, in place of Prof. Miltenberger, who takes the chair of Obstetrics, vacated by Dr. Thomas on account of failing health. Dr. Frick, in scholastic and professional requirements, has few superiors anywhere, and will prove an acquisition to the Faculty of our own venerable Alma Mater. We congratulate him on his preferment.

Dr. Sanford B. Hunt has resigned his Professorship in the Uni-

versity of Buffalo, and also retired from the *Medical Journal*, of which he has so long been the popular conductor; and still more, he has left the profession, to devote himself to literary and editorial labors through the public press. Dr. Nichols succeeds him in the College, and Dr. A. Flint, Jr., in the *Journal*.

Dr. Francis Donaldson has been appointed to the chair of *Materia Medica* in the Maryland College of Pharmacy.

Prof. Samuel Henry Dickson, of Charleston, S. C., has accepted the chair of Practical Medicine in the Jefferson Medical College at Philadelphia, vacated by the decease of the lamented Dr. J. K. Mitchell.

OUR PHILADELPHIA COUSINS

are still in tribulation by reason of the *McClintock-phobia*. The adjustment of their grievances at Washington, the final resort, though unanimously satisfactory to the five hundred delegates representing the profession of the country, and expressly declared to be the conclusion of the whole matter, turns out to be no settlement at all. The "old man, angry and mortified," still raves through *three* mortal columns of the *Philadelphia North American* of May 19th, 1858, one of the daily papers, in violation of the Code of Ethics, which forbids the use of the *secular papers*, and in confirmation of this charge, which he and they impudently denied at Washington, but already repeat their offence. In this newspaper all the stale calumnies of their "memorial" are now re-produced, in utter contempt for the action of the Association and their ethical code. The parties could easily be convicted of libel, but the "game is not worth the candle." We have done with the subject, and shall not condescend to notice any farther those unhappy men who are still exclaiming, "all this availeth us nothing, so long as Mordecai, the Jew, sitteth at the king's gate." *Proh pudor!*

MALIGNANT SMALL POX

A case recently occurred in this city, denominated "*Varioloid*," in which the patient died suddenly from apoplectic effusion on the second day of the eruption, in the fortieth year of his age, a result as unanticipated as it is unusual. Thus perished in the prime of life one of the purest and brightest men of our age and country by malignant Small Pox, and yet our Health Officer has been hindered and embarrassed while enforcing our Quarantine laws against the importation of this pestilence, and this by the officers of the customs. Happily our

Health Laws are the prerogative of State sovereignty, as the Federal Government will be taught by our vigilant Mayor and the Courts of New York. The fatal cases of Small Pox in our vast population would else be hundreds weekly, instead of being restricted to tens, and the whole country, by its constant intercourse with our city, might else be inoculated with this loathsome malady. There is no safety for the city or nation but in the fidelity of our Quarantine restrictions, which must be inviolable.

REBUKE TO MEDICAL LATITUDINARIANS.

At a large meeting of medical practitioners, held recently at the Royal Berkshire Hospital, the following resolution was adopted, and ordered to be published in the Medical Journals, with the names of the physicians annexed, viz :

“ *Resolved*, That no qualified medical man, practising Homœopathy, shall be met in consultation.”

This resolution may be called for in Great Britain, but in America every qualified medical man has adopted it as his rule of action, ever since the sugar-of-milk gentry have been in the country, and extends to the imported as well as the indigenous fraternity of globulists.

SWILLED MILK.

This enormous swindle and murderous trade has been so thoroughly exposed in the *Illustrated Newspaper* of Frank Leslie of New York, by graphic drawings, descriptive articles, and scientific demonstrations, that there is now good ground to hope that our city at least will be soon purged of this abomination. We may then look for a signal diminution in the mortality of infancy and childhood, which has reached to gigantic extent.

LAGER BEER.

The judgment of our courts exclude this Dutch drink from the class of intoxicating liquors, upon the sale of which the law imposes restrictions. It is proved to contain only $2\frac{1}{4}$ to $3\frac{1}{2}$ per cent. of alcohol. But the incredible quantities sworn to be drank by some of the witnesses will as certainly destroy health and life as though it were all alcohol or lupuline. Let our German fellow citizens beware, for such excesses may not intoxicate, but they will *kill*, by inducing congestions of the *kidneys, liver, and brain*.

We have seen several imitations under the same name, some of which appear to be only a mixture of the tinctures of bark and orange peel with rose water and syrup, and are every way inferior to the genuine article, and on this account we indicate the sources whence we have procured a reliable and useful preparation.

Savannah Journal of Medicine.—This new periodical has appeared, and the first number is a creditable specimen of what can be done by those who "have a mind to the work." Its editors are Drs. J. S. Sullivan, J. Harris, and R. D. Arnold, who will make a first-class journal, which is to be published bi-monthly, at \$2.00 per annum.

COMMUNICATIONS.

OUR PHILADELPHIA CORRESPONDENT.

No. 8.

Professors—Dr. Hare—Charity Hospital—Blockley—Journals, &c.

"Ye, let that passen," quod our Hoste, "as now,
 "Sire Doctour of Physike, I pray you,
 Tell us a tale of some honest matere."
 "It shall be done, if that ye wol it here,"
 Said this Doctour, and his tale began anon,
 "Now, good men," quod he, "herkeneth everich on." CHAUCER.

DEAR GAZETTE.—Philadelphia is as quiet as a gallinaceous ovarium, from which the blood has flown forever, leaving only a few feathers to indicate to their affectionate parental relative that her family is out airing. The nests are still warm, and some of the young Esculapians still linger around, picking up crumbs of knowledge, before taking a final adieu. But one vacancy has occurred in our College this year, as yet, and that is already filled. The contest, we understood, was waged between Philadelphia and the South, and was decided in favor of the latter. Some of our first medical teachers and scholars were worthy candidates for Dr. J. K. Mitchell's chair in the great Jefferson College. The balloting, at last, it seems, was between Dr. James Bryan, as the representative of Philadelphia, and Dr. S. H. Dickson, the candidate from the South. A very close vote was the result, the latter being successful.

Another of our distinguished men has but recently departed. We allude to Dr. Hare, Emeritus Professor of Chemistry in the University. We knew him well, and knew him to be a man of infinite ability in his peculiar line. He never was calculated for a teacher.

The insurmountable hesitancy of speech, and general slowness of thought, entirely unfitted him to be the popular teacher. His explanations were always cloudy, his anecdotes were still-born, and his similes were far-fetched. But instead of oratorical, he had great mechanical and analytical abilities. Even in his dotage, when the shadows of coming imbecility flitted over his once brilliant mind, the strong inclination of his genius to analysis and mechanics was seen in his attempts at defining and mechanically illustrating what no human being yet has been able to define and demonstrate—the workings of the spirit or spirits on matter.

It was a melancholy sight to see that noble form bowed with age, and that grand face idiotic with cerebral debility, as he day by day mixed with his fellow men. But he is gone; his pupils are numbered by thousands, and his grand apparatus, calorimeters, electric machines, &c., with his books, alone remain to remind us that the great chemist lived among men. Peace to his ashes. He was emphatically an honest man.

The conventions at Washington and Baltimore carried away many of our active spirits, and left the town in peace and quiet at least for the time.

The political kaleidoscope has again turned, and the "People's ticket" has been the successful one in our spring elections. The Blockley Hospital question will thus probably be solved, as it was propounded, without medical interference. Some think, however, that the sympathy of persecution will re-act in favor of the present incumbent. We know nothing of the matter. The weather this spring has, like that of last, been very wet, and the vegetation backward. A large number of cutaneous diseases, measles, chicken pox, &c., have been seen among us lately.

A new institution called the *Charity Hospital* is now fully organized, and going into full operation. This will add another to the clinical resources of our city. It is located in Butterwood, near Broad. The obstetrical department is now occupied with cases.

The *New Jersey Reporter* has been moved to our city, in hopes of a wider field and greater patronage; we doubt whether either of these will be realized, at least under the present arrangement. A college connection gives a journal a great advantage with us, and other things being equal, it succeeds with such a connection much better than without it. The only inclination that we have observed in the above named periodical, has been in favor of the old school; and this

has no patronage to bestow. We notice that the ALBUM of the friends of the Jefferson College, as usual, is about to be imitated by "an illustrated history" of the University and her Faculty. This will probably be out by autumn. These colleges are grand mutual admiration societies, where life foes are bound to land to the third heavens those whom they despise. Between you and I, dear GAZETTE, in your intercourse with men, have you not found that the hating faculties, call them by what name you will, are more tenacious of life, and more active during life, as a general rule, than the loving ones?

Napoleon spoke of Christ as a divine personage, inasmuch as he based his power upon affection; upon love, love to enemies as well as friends. "The warrior," said the Emperor, "whose game was empire, and whose stakes were their thrones, whose field the world, and dice were human bones," had a world-renowned reputation, while his name infused terror into the hearts of men, but was soon forgotten when once dead; whereas, the kingdom of Christ began at the moment of his death. Was it because it was based on love? and is man, who is known to be a good hater, also a reliable lover? But a truce to philosophy.

The *Philadelphia Medical and Surgical Journal* is, we believe, the only one that has lived for six years without continued college patronage. It is delayed in its issue this month, in order to publish a part of the transactions of the American Medical Association. The southern portion of our profession, as well as the young men in the immediate vicinity, are the real patrons of Dr. Bryan's Journal, and a spirited and manly independence is rewarded by the friendship and patronage, if we are rightly informed, of many of the best and most intelligent medical men of this country. *Vale.* SENECA.

TOADYISM BY A DOWN EASTER.

"A chiel's amang ye, takin notes,
And faith, he'll print 'em."

MR. EDITOR—New York and her medical dignitaries will no longer need a chronicler and eulogist, now that J. C. B., of Maine, a veritable Yankee, has been again a visitor, and has written his impressions for the *Boston Medical and Surgical Journal*.

The following is the list of our great men, to each of whom he gives the puff direct, and each of whom may henceforth include himself in our catalogue of "lions;" an honor to which none else need aspire, until our Yankee visitor comes this way again, when he may

possibly enlarge the list. The following is the order of our savans, viz.: Drs. Francis, Mott, Stevens, W. Parker, Watts, Dalton, Clark, Smith, Gilman, St. John, Post, Paine, Draper, Metcalf, Bedford, Van Buren, Peaslee, Barker, Green, Carnochan, J. R. Wood, Buck, Watson, Taylor, Detmold, S. Smith, Thomas, Agnew, Gouley, Finnell, Sands, Bumstead, and Heywood. Here are the thirty-three *élite* of the profession, who are singled out as worthy of special mention; and though some of the list are well known as entitled to double honor, yet these must be surprised, if not amused, to find themselves classified in the same group with others, of some of whom it is fair to presume they scarcely ever heard; and who will be themselves startled to find their names in the same category with the "wise men of Gotham," and will be led to exclaim, "how we apples swim!" while wondering what they have ever done besides being born "down east," to be so soon lionized by J. C. B., the Maine correspondent of the *Boston Journal*. Some of these small fry are classed among the "strong men and clear heads of the city," whose reputation never before crossed the East River; while others are said to be "rising to fame and the highest acquisitions," who have not been long enough in the city to get into the directory, and are without either patients or fees; while still others are reported as in high positions "and honorable stations," who have never aspired beyond demonstrators, prosecutors, and bob-tail professors. And all these invidious comparisons are instituted in particularizing the medical men of New York, while the very existence of such men as Cheesman, Hoffman, Delafield, Sims, and a host of others whose reputation is immeasurably superior, are wholly ignored by this toady, possibly for the reason that they did not entertain and feast him while here, or otherwise court his favor.

Of Drs. Francis and Stevens our critic speaks with justice, while of our own Dr. Mott, whom we all venerate, he only speaks as being "admonished to withdraw," and "soothed to retirement!" while he is known to be as laborious and successful as ever, notwithstanding his age. Of others, we hardly know whether he writes in earnest or satire. The Twenty-third Street College seems to be the "god of his idolatry," for he calls it presumption to "suggest any improvement" in that Faculty, the *East* being adequately represented here. He praises Dr. Parker very highly, and yet cites as his only surgical feat his "reduction of a dislocated femur by Dr. Reid's method." Of Dr. Watts, he says it is "worth a journey to New York to hear him," and extols him as an "an

his sensitive nature.

Dr. Dalton is said to give a "more full and perfect course than is given anywhere in the country," which is bold, certainly. And Dr. Clark is said to be "regarded here as the end of the law!" especially in the herculean use of opium; a eulogy from which this modest and worthy man will shrink. Professors Smith and Gilman are affirmed to grow brighter and better with *age*, which is a left-handed compliment, for which the latter especially will not thank him. While "everybody says Prof. St. John is a learned chemist." Thus the Faculty here are disposed of.

In passing to the University Faculty, we find no mention in this connection of the Atlas on whom it rests, nor is the profound learning of Dr. Paine hinted at, he being only named consecutively with the other members of the Faculty. Drs. Post and Van Buren are highly spoken of; the latter being comically described as a *young* man. This college is soon disposed of, as they lack the Yankee element of greatness.

Next, our New York College takes its turn, and Drs. Peaslee, Barker, and Green, all Eastern men, are justly extolled, while Dr. Carnochan is slurred over in five lines; but he is a Southerner, and Drs. Doremus, Davis and Cox are ignored. Dr. Childs is doubtless omitted by accident, as he is sufficiently *oriental*.

Of our hospitals our critic writes in a laudatory style, though he only names Drs. Buck and Watson as having the "guidance of the N. Y. Hospital," and Dr. Wood in connection with the Bellevue; the others being alluded to in part as clinical lecturers, and in his "reserved corps!" But New Yorkers will be struck with his ludicrous mistake when he speaks of the "democratic manner in which all places of honor and profit are distributed," and the "merit and capacity" of the incumbents. For everybody knows that such places are obtained by politics, by nepotism, and by money; and hence our best qualified men are uniformly defeated, unless they "bend the pregnant hinges of the knee where thrift will follow fawning."

But enough, Mr. Editor; I only glance at this toadyism of the Down Easter to indicate his animus, and amuse your readers by its betrayal. S.

[Our correspondent offers to name one hundred other physicians and surgeons in New York, who he says excel in reputation and practice a majority of those enumerated here. We concur with him in this opinion, but comparisons are odious. We do not see the harm of the Yankees puffing each other. They are clannish and smart, all the world over.]

Medical College of the State of South Carolina.

We learn from the *Charleston Mercury* that at a meeting of the Trustees and Faculty of the Medical College of the State of South Carolina, held on the 19th ult., Dr. P. C. Gaillard was elected to the chair of the Institutes and Practice of Medicine, in this Institution, rendered vacant by the resignation of Prof. Dickson, and Dr. J. J. Chisolm to the Chair of Surgery, made vacant by the resignation of Prof. Geddings.

Died, in Philadelphia, May 16th, 1858, Dr. Robert Hare, in the seventy-seventh year of his age. He was for a series of years Professor of Chemistry in the University of Pennsylvania, and by his discoveries and improvements acquired high distinction at home and abroad, ranking justly among the first chemists of the age. The latter years of his life have been beclouded by mental infirmities, terminating in senile imbecility, under the influence of which he was ensnared by the vagaries of clairvoyance, and thus led into the mysticism of the modern spiritualists, endorsing by his high name the wildest of their speculations. *Humanum est errare.*

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For further information, address

J. G. WESTMORELAND, Dean.

ATLANTA, Geo., Feb. 8, 1858.

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W. K. BOWLING, M. D., Institutes and Practice of Medicine.

WILLIAM T. BRIGGS, M. D., Adjunct Professor and Demonstrator of Anatomy.

The Anatomical rooms will be opened for students on the first Monday of October, (the 5th.)

A *Preliminary Course* of Lectures, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

The Tennessee State Hospital, under the direction of the Faculty, is open to the Class free of charge.

A Clinique has been established, in connection with the University, at which operations are performed and cases prescribed for and lectured upon in the presence of the class.

Amount of Fees for Lectures is \$105; Matriculation Fee, (paid once only,) \$5; Practical Anatomy, \$10; Graduation fee, \$25.

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PAUL F. EVE, M. D.,

NASHVILLE, TENN., July 16, 1857.

Dean of the Faculty.

CASTLETON MEDICAL COLLEGE.

There are two full Courses of Lectures annually in Castleton Medical College. The **SPRING SESSION** commencing on the last Thursday in February; the **AUTUMNAL SESSION** on the first Thursday in August. Each Course will continue four months. Degrees are conferred at the close of each term.

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FEES.—For Lectures, \$50; for those who have attended two Courses at other Colleges, \$10; Matriculation, \$5; Graduation, \$16; Board from \$2.00 to \$2.50 per week.

A. T. WOODWARD, M. D., Registrar.

CASTLETON, Vt., June, 1856,

Contributions to Operative Surgery & Surgical Pathology,

By J. M. CARNOCHAN,

Professor of Surgery in the New York Medical College, Surgeon-in-chief to the State Hospital, &c.

This work will be published in a series of Numbers, to be issued quarterly. Each Number, of quarto size, will contain from Forty to Sixty Pages of Letter-press, printed on the best paper, with Illustrations of the Cases drawn from nature; will be complete in the topics it embraces; and will be published in the following order:

No. 1.

Case of Amputation of the Entire Lower Jaw. Remarks on Amputation of the Lower Jaw. Elephantiasis Arabum successfully treated by Ligature of the Femoral Artery, with cases.

No. 2.

Case of Exsection of the Entire Ulna. Remarks on Neuralgia, with Three Cases successfully treated by Exsection of the Second Branch of the Fifth Pair of Nerves, beyond the Ganglion of Meckel.

No. 3.

Case of Restoration of the Entire Upper Lip. Remarks on the Pathology of Congenital Dislocations of the Hip Joint, with Illustrations.

No. 4.

Case of Exsection of the Entire Radius. Case of Exsection of the Three Lower Fourths of the same Bone. Remarks on Osteo-aneurism, with a Case.

No. 5.

Case of Amputation at the Shoulder Joint for the Removal of a large Osteo-fibro-Cancerous Tumor of the Humerus, with Remarks on Amputation at this Joint. Case of Penetrating Gun-shot Wound of the Heart.

No. 6.

Case of Double Congenital Dislocation of the Hip Joint. Remarks on Double Capital Operations, with Cases. Remarks on the Comparative Merits of the Partial Amputations of the Foot. Remarks on Amputation through the Ankle Joint.

No. 7.

Successful removal of a large Fibro-cartilaginous Tumor, growing from the Sixth and Seventh Ribs, over the Region of the Heart. Remarks on the Treatment of Varicose Veins of the Lower Extremities, with Cases. Remarks on the Creation of an Artificial Joint upon the Lower Jaw, in case of complete Ankylosis at the Temporo-maxillary Articulation of One Side.

No. 8.

Remarks on the Operation of Double Complicated Hare Lip, with Cases. Remarks on the Etiology of Congenital Dislocations of the Hip Joint. Remarks on the Removal of the First Dressings after Capital Amputations.

No. 9.

Case of Eneysted Sanguineous Tumor of the Neck successfully removed, with Remarks on such Formations. Remarks on the Purulent Ophthalmia of large and crowded Institutions. Case of Vesico-vaginal Fistula and Stricture of the Vagina, with Formation of Two Large Urinary Calculi in the Vagina, behind the Stricture—Spontaneous Cure of the Fistula.

No. 10.

Two Cases of Amputation at the Hip Joint. Remarks on the Anatomy of Femoral Hernia. Case of Epilepsy treated by Tracheotomy, and wearing of a Tracheal Tube, with Remarks. Remarks on the Restoration of the Entire Lower Lip, with Cases. Cases of Amaurosis treated with the Pomade de Gondret on the Sinciput.

These Numbers are in course of preparation, and will form one Complete Volume, the First of a Series. The First Number will appear in March, 1858.

TERMS OF SUBSCRIPTION.—Each Number, 75 cents, to be paid for on delivery.

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Having long enjoyed the patronage of many of the Surgeons in the principal cities of Europe and the United States, who bear testimony to the quality of his Instruments, and the style of their finish; and having supplied many of the eminent members of the Faculty, as well as of the public Hospitals and other Institutions in the city of New York and elsewhere; he also refers to the award by the Managers of the late Fair of the American Institute of their *Gold Medal*, which was voted to *H. Hernstein* by the Premium Committee on the Report of the three Judges, viz: *Drs. Reese, Carnochan, and Gilman*, who certified to the superior quality of the Instruments exhibited by him at the recent Fair of the Institute, at the Crystal Palace.

Physicians and Medical Students are particularly invited to inspect his Instruments, and judge of their superiority by comparison or otherwise.

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6 BOWERY, near Chatham Square, and

809 BROADWAY, near 11th St., N. Y.

February, 1858.

No. 9.

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February, 1858.



OFFICES OF

Palmer's Patent Leg and Mechanical Surgery,

No. 378 Broadway, N. Y.,

376 Chesnut St., Phila., & 19 Green St., Boston.

A CARD.

AT the urgent request of the principal surgeons, physicians, and our numerous patrons in Boston, and various parts of the country, we have reluctantly been induced to relinquish the manufacture of Artificial Legs at Springfield, Mass., and to open an office and manufactory at 19 Green Street, Boston, Mass. We have now three institutions, to wit:—at NEW YORK, BOSTON, and PHILADELPHIA, exclusively devoted to this branch of Surgical art; where we can favor City, Hospital, and Country Patients, of every class and condition, to the fullest extent, and with the most pleasing success, with artificial limbs that are perfectly natural in their appearance, easy and eminently serviceable in their operations; that disguise most perfectly the natural loss, and are truly economical. Mr. Palmer's Artificial Leg is without an important rival, either in Europe or America, and is worn by nearly three thousand persons with astonishing success, upward of five hundred of whom are ladies; and we have thirty individuals each walking upon two Artificial Legs.

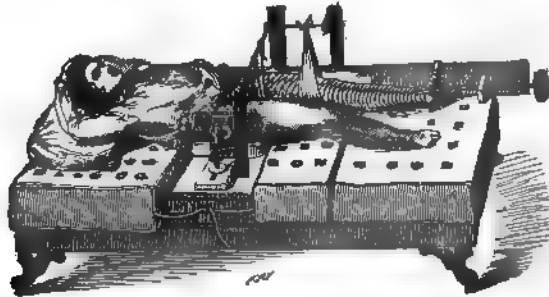
In the prosecution of our enterprise we have associated with us an experienced physician and surgeon, who considers well and discreetly the anatomical features, the physiological and pathological condition of the mutilated member so attentively, that both surgeons and their patients may repose the utmost confidence in our ability and care to treat successfully and satisfactorily the worst forms and conditions of mutilated limbs.

We have thus far been able to keep pace with every improvement and humanitarian effort of the operating surgeon to save every portion of limb that is possible, in constructing the most useful and beautiful appliance for the parts made by Chopart's operation at the Foot; by Symes' operation at the Ankle and Knee Joints; and for every portion of limb, of the Leg, or Thigh.

In this respect, as well as in the peculiar and beautiful mechanism of this limb, our mutilated patients are most signally favored in the enjoyment of the superior benefits which science and art afford, and which have not, hitherto, been associated in the practice of this branch of Surgery. Until recently, and in connection with this invention, the patient, after submitting to a most painful and humiliating mutilation, has been committed to the care and operations of some common artisan—who, being entirely ignorant of the anatomy and pathology of the amputated limb—as also of the demands of nature, and alike regardless of the wounded spirit of his patron, has proceeded to add misfortune to misfortune, and heap humiliation upon humiliation!

The science and art which have distinguished our operations, and given them a triumphant and happy success, we are pleased to know, have been generously appreciated and accredited by the most prominent surgeons in this country and in Europe, our numerous patrons, and the intelligent community in general. In ERICHSEN'S new and popular work on Operative Surgery (London), this limb has been honorably noticed as follows, to wit:—"The most perfect of all the Artificial Legs we now possess, is the one invented by Mr. B. F. Palmer. This invention received the PRIZE MEDAL at the WORLD'S EXHIBITION of 1851. It merits the entire confidence of the Surgeon." In VELPEAU'S distinguished work on Surgery, with notes and observations by VALENTINE MOTT, M.D., Prof. of Surgery, and additions by GEORGE C. BLACKMAN, M.D., Prof. of Surgery, is the following extract, to wit:—"The Artificial Leg of Mr. B. F. Palmer has won the admiration of the most prominent surgeons in Great Britain, France, and this country. This certainly is one of the greatest triumphs of American ingenuity." These limbs are very durable, yet light, the average weight being four pounds. They are applied to the tenderest and shortest stumps with entire success. The leg is finely ventilated. In this country, it has been exhibited thirty-five times, and in every instance received the award of the highest or first premium. The patient is enabled to walk immediately upon its application, with remarkable ease, comfort, and naturalness.

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Burge's Apparatus for Fractured Thigh

is respectfully submitted to the examination and criticism of the profession. It is a late invention, which has elicited very favorable comment, as far as it is known. It has been thoroughly tested in actual practice, and has produced the most gratifying results. It is remarkably simple in its construction, easily applied, comfortable to the patient, adapted to fracture of either limb and to patients of any size. It is free from all the objections to which the ordinary straight splint is liable, and possesses other new features of great practical utility. By it the counter-extending pressure is confined to the nates and tuberosities of the ischia, and does not at all impinge upon the front of the groin, by which means one of the most frequent sources of annoyance and danger is obviated. No part of the body is confined except the injured limb and that to which it is immediately articulated, viz., the pelvis; thus the chest is left entirely unrestrained, and much freedom of motion granted to the whole upper part of the body, which tends greatly to the comfort and health of the patient.

The pelvis is so secured as not to be liable to lateral motion or to sink in the bed.

Provision is also made for facility of defecation, thus ensuring the greatest possible cleanliness, and preventing the necessity of disturbing the patient when his bowels are moved. Until the 1st of May, 1868, numbers of the profession may obtain this apparatus complete in all its parts and nicely packed, by sending thirty dollars by mail or express to the address of J. H. Hobart Burge, M.D., or William J. Burge, M.D., 60 Court Street, Brooklyn, N. Y., expense of transportation to be defrayed by the purchaser. After the above mentioned date none will be furnished less than thirty-five dollars, because of improvements which have been made since the price was originally announced.

For further particulars see Transactions American Medical Association, Vol. X, and New York Journal of Medicine, May, 1867, or address as above.

NOTICE.

The subscriber having removed from 399 Broadway, corner of Walker Street, all orders, in future, for his Preparations, are to be addressed to

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PHARMACEUTIC PILLS AND GRANULES. (SUGAR COATED.)

These preparations are designed to meet the wants of the trade and profession in supplying articles of daily use *accurately prepared from pure materials*. Such as are prepared according to the U. S. Pharmacopia are marked "U.S.P.;" in other cases, the exact proportion of active principle is stated. The general divisions have been adapted to the standard rules of prescription.

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Arsenous acid—One-fiftieth of a Grain.

Atropine, do
Digitaline, do
Morphine, do
Strychnine, do

Codeine—One-fifth of a Grain.

Conicine, do
Extract of ipecac, do
Extract of opium, do
Kermes, do

Proto-iodide of mercury, do

Opium, do

Tartar emetic, do

Veratrin, do

Ext. Aconite—One-fourth of a Grain.

" Belladonna, do

" Conium, do

" Veratrum viride, do

Irisin—One-half of a Grain.

Phytolaccin, do

Podophyllin, do

Sanguinaria, do

Santonin, do

Ext. Aconite, do

" Belladonna, do

" Cannabis indica, do

" Colchicum, do

" Conium, do

" Digitalis, do

" Hyoscyamus, do

" Ignatia amara, do

" Sanguinaria, do

" Stramonium, do

" Veratrum viride, do

Apocynin—One Grain.

Asclepin, do

Cimicifugin, do

Geranin, do

Hydrastin (neutral), do

Hydrastine (alkaloid), do

Irisin, do

Jalapin, do

Lactate of iron, do

Leptandrin, do

Populin, do

Proto-iodide of iron, do

Sanguinarin, do

Quevenne's iron, (reduced

by hydrogen), do

Salacin, do

Scutellarin, do

Stillingin, do

Sulphate of quinine, do

Valerianate of quinine, do

Xanthoxylin, do

Ext. Aconite, do

" Apocynum Cannab, do

" Conium, do

" Cannabis Indica, do

" Hyoscyamus, do

" Hellebore, (Black) do

" Iris, (Blue flag) do

" Jalap, do

" Phytolacca, do

" Quassia, do

" Savin, do

" Sanguinaria, do

" Stramonium, do

Calcined Magnesia—Two Grains.

Calomel do

Citrate of iron, Two Grains.

Cornine, do

Iodide of potassium, do

Magnesia and rhubarb,

(one grain each), do

Opium and acetate of

lead (one grain each), do

Sinecin, do

Sub-nitrate of bismuth, do

Tartrate of potassa and

iron, do

Washed sulphur, do

Willow charcoal, do

Ext. Apocynum, do

" Anthemis, do

" Asclepias Incar, do

" Blackberry, do

" Cornus Florida, do

" Cimicifuga, do

" Columbo, do

" Cypripedium, do

" Cubebs, do

" Dulcamara, do

" Eupatorium, do

" Gentian, do

" Geranium, do

" Iris, (Blue flag) do

" Jalap, do

" Leontice, (Blue Cohosh) do

" Lettuce, do

" Logwood, do

" Marrubium, (Horehound) do

" Poppy, do

" Quercus, (White Oak) do

" Rhubarb, do

" Rhubarb and Senna, do

" Rue, do

" Spirea, (Hardhack) do

" Senna Alex, do

" Uva Ursi, do

" Valerian, (English) do

Blue pill—Two-and-one-half and five Grains.

Compound cathartic (U.S.P.)—Three Grains

Compound calomel (Plummer's), do

Compound iron, (U.S.P.) do

Carbonate of iron, (Vallett's formula) do

Dinner pill (Lady Webster's) do

Ext. Princess Pine, do

" Colocynth Compound, do

" Colocynth compound and

Hyoscyamus, do

" Sarsaparilla American, do

" " " Comp. do

" " " Rio Negro, do

" " " Comp. do

" Taraxacum, do

Aloes, myrrh and iron (U.S.P.)—Four Grains

Aloes and myrrh (U.S.P.) do

Aloetic (U.S.P.) do

Assafostida (U.S.P.) do

Aloes and assafostida (U.S.P.), do

Aloes and iron (U.S.P.) do

Rhubarb compound, do

Copabia, pure, solidified,

" and Extract of Cubebs,

" " " Citrate of iron,

Extract of cubebs,

" and alum,

" and rhatany and iron.

AMERICAN MEDICAL GAZETTE.

Vol. IX.

JULY, 1858.

No. 7.

DEFERRED ARTICLES.

**Fifteenth Annual Report of the Managers of the State
Lunatic Asylum. 1858.**

From this highly interesting and satisfactory document our limits only allow of brief extracts.

GENERAL STATISTICS.

The usual statistical table shows that two hundred and thirty-five patients have been received during the year; that the whole number who have been under treatment is six hundred and ninety-six; that ninety-five have been discharged "recovered;" twenty-five discharged "improved;" eighty-three "unimproved;" and ten "*not insane*," and that thirty-two have died, leaving four hundred and fifty-one patients in the asylum at the end of the year.

It appears also, by another table, that five thousand and sixty-five patients have been received since the opening of the asylum on the 16th of January, 1843; that four thousand six hundred and fourteen have been discharged, of which number two thousand one hundred and twelve had recovered, seven hundred and sixty-eight were improved, and one thousand and ninety-five were unimproved; that thirty-four were *not insane*, and that six hundred and five have died.

After an extended notice of the calamitous conflagrations of the last year, which destroyed the great central building, and inflicted serious damages upon other portions of the edifice and property of the institution, and a merited tribute to the almost superhuman exertions of the Superintendent and his assistants, in the preservation of the

property, and their successful efforts in protecting all the inmates from harm; and a report of the progress made in rebuilding, and meanwhile continuing their beneficent work; the report concludes with a becoming reference to the loss of the board, in the death of the Hon. Joshua A. Spencer, one of their number.

The Superintendent's Report accompanies that of the Managers, and is highly creditable to Dr. Gray, in all respects. The number of cases found "*not* insane," and detected as "*feigning* insanity," is a noteworthy feature of this report; and though no "*moral* insanity" is admitted or alleged, yet it seems that *two* who were *not* insane had evaded trial and punishment, by successfully pleading insanity before the courts.

During the last year, 10 of the patients committed were found "*not* insane." And within 8 years passed, 14 cases of feigned insanity have been detected, "*seven* of whom were notorious housebreakers, and after avoiding punishment, by feigning insanity, and deceiving doctors and courts, escaped from the Asylum in a few days after reception.

The cases of feigned insanity are thus reported, viz:

1	had been convicted of	stabbing.
5	"	" burglary.
8	"	" grand larceny.

Within the last fifteen years, at least two known to have committed murder have thus escaped conviction, by feigning insanity, and two others after committing arson.

Mania was simulated in 3 cases, and dementia in eleven—an adroit rogue being adequate to either.

Of eighteen cases committed to the institution on criminal orders, and found *not to be insane*, the following were the crimes, viz:

Murder	3
Attempt at Rape	1
Assault, with intent to Kill	1
Forgery!	3 !
Incendiarism	3
Grand Larceny	6
Bigamy	1

We only regret that we have to abbreviate our notice of this suggestive and valuable document, and must omit the important tabular classifications, with which the report abounds, and can only find room for its practical testimony in relation to the warming and ventilating apparatus, which has proved itself so useful.

"The steam piping in the brick chambers, if properly arranged, our

experience proves can be used for the extinguishment of fire in the wards with wonderful effect; simply by disconnecting the coils from the mains, the latter pour their stream directly into the chambers, whence it passes up the air flues into the wards, filling them in a few moments. In addition to our present arrangements and those suggested above, we are now engaged in carrying up from each chamber a pipe, one and a quarter inches in diameter, directly from the main in the basement to the attics. This arrangement will enable the engineer, at a moment's warning, by means of a valve in the chamber, to throw a volume of steam from any one or all of twelve upright pipes, into the attic.

"In former reports we have referred at some length to the important sanitary influence of the apparatus for warming and ventilating the institution, which has now been in operation nearly five years. By means of the fan introduced into the female department in 1853, we are enabled to insure to that division a large and continuous supply of fresh air, over the quantity and temperature of which we have perfect control. During the past year this fan has been in constant motion, night and day, and the manifest improvement in the health of the patients in that department, and the continued and uniform decrease in the rate of mortality, as compared with the male division, must be in some measure attributed to the effects of its operation.

"The steam coils for warming the department are all in their place, the inlet and outlet flues, the distributing chambers, and foul air ducts are constructed, and all that remains to be done to secure the same advantages in this division is the erection of another fan. This contemplated improvement, it is earnestly hoped, will be carried into effect some time during the coming year.

"The experience of another year serves to confirm the opinion heretofore expressed, that the only apparatus adapted to the wants of an institution like this, is one which unites the operations of warming and ventilation, and which effects the expulsion of foul air as rapidly as may be desired, and to the same extent and simultaneously with the admission of fresh air. The perfect, free, and equable distribution of fresh air, warm or cold, under any circumstances, and in all seasons, is absolutely essential to any large hospital, and we are convinced can be secured in no other way.

"The confident expectations of its projectors in regard to the quiet and efficient working of a fan in carrying into such a pile of buildings, through such devious channels, and over such an extent of surface, so

large a body of air, have been as fully realized as have been the advantages which were expected in reference to the health and comfort of the household. The wisdom of the Board of Managers in determining upon the introduction of our present system of warming and ventilation, and in carrying it into operation against many obstacles and under great difficulties, is shown not only by our own happy experience in its use, but also in the fact that it has since been adopted in several other institutions. Similar fans are now in operation in the asylums for the insane at Raleigh, N. C., Nashville, Tenn., Worcester and Taunton, Mass., Providence, R. I., in the Academy of Music in Philadelphia, in the Institution for the Deaf and Dumb, and St. Luke's Hospital, in New York City, in the U. S. Naval Hospital at Brooklyn, and five in the public buildings in the City of Washington. Since the construction of the fan in our female department, (the first, as far as we are aware, used for the ventilation of a hospital,) Mr. Nason has entered still more fully into the study of the subject, and in the form of some of the later ones thinks that he has made important improvements. Though the present fan is noiseless in its action, is run at a very moderate cost, and thoroughly ventilates the part of the building to which it is applied, still it would be well to ascertain whether the advantages claimed for the new form of fan, (several of which are now used in other asylums, and another nearly ready for operation in the new Hall of Representatives at Washington,) are really possessed by it.

"Experience has shown that we require thirty thousand cubic feet of air per minute in the winter, and from forty to fifty thousand per minute the remainder of the year. As we know the quantity of air delivered at each revolution, and can register, by means of an instrument designed for the purpose, the number of revolutions, we are assured of the entire accuracy of our computations. This amount may seem large for the use of only about two hundred and sixty persons, but it is found to be no more than sufficient for the complete and constant renewal of the atmosphere requisite for their health and comfort. Indeed, during the warmer days and nights of summer, we have thought it advisable to increase even this quantity. In the operation of such a machine, the expense of a few thousand additional feet of air per minute is very trifling.

"We have thus again introduced this subject, not only on account of its value to the public, but because of the too general ignorance of the value of pure air, both to the sick and the well, and of the ease

with which it can be supplied to all buildings occupied by large numbers of persons. We trust that the day is not far distant when this system of ventilation will be introduced, not only into all hospitals wherein the sick are treated, but also into all our public schools and seminaries, where the laws of health, above all other places, should be carefully regarded, but where they are almost universally set at defiance. It is sad, indeed, to see institutions erected for the education of children, without any means for the supply of pure air, but in which persons of tender years are compelled to breathe and rebreathe, again and again, too highly rarified air, from furnaces, introduced through apertures, often of an area much less than that of the mouths to be supplied. It is not astonishing that, under such circumstances, school-days, instead of being a period of physical growth and mental development and joyousness of spirit, is one of toil, and of mental and physical lassitude; and it is not surprising that the unnatural and unnecessary headaches and nervousness of children should in after-years develop not only general ill-health, but insanity and its kindred nervous diseases. I was once asked by one of the State Superintendents of public instruction how this fact was to be accounted for. 'Many boys and girls,' said he, 'enter the school at twelve or fourteen, and are full of promise, but in a year or two are found to be poor scholars, begin to indulge in bad temper and vicious habits, and before they get through are either broken down in health, or so miserably developed in intellect that they cannot become even intelligent tradesmen.'

"This is doubtless due in part to a system of education which imposes a multiplicity of studies, and a number of hours of study beyond the mental and physical capacity of the great majority of children, and which fails to recognize, or at least practically secure, that recreation absolutely essential to a healthful growth of mind and body; but also in part to the depressing influence on the brain and nervous system, for many hours of each day, of an atmosphere poisonous by reason of the abstraction of its oxygen and the presence of carbonic acid gas."

We reluctantly dismiss this report, with this useful extract, and advise our readers to procure copies of the document for perusal and preservation. It contains a beautiful engraving of the new buildings and premises.

Feast on the First of April—The patrons of Homœopathy, in London and vicinity, including several noblemen of rank, dined together at the Goose and Gridiron, on All-Fool's Day.—*Punch*, April 10.

that he would try another means. It was to incise the perineum. This he did by introducing a guarded bistoury at the margin of the extended vulva, and performing an incision in the perineum in a diagonal direction, sufficient in length to procure the desired opening; the opening was hardly completed, when, with strong expulsive pains, the child's head made its appearance externally, and was soon followed by the shoulders and the rest of the body. He thought this result very encouraging; and although not aware that this operation had been performed before, he would certainly have recourse to it again under the same circumstances, and would recommend it to others.

He would further remark, that the child was born alive, and that the patient recovered without any untoward symptom.

Dr. Pallen said, that in his opinion, Dr. McPheeters, under the above circumstances, had adopted a most judicious course of conduct. Not only was the operation warrantable, but it had been recommended by the highest authorities, such as Dr. Blundell. He had himself taught this procedure and applied it in similar cases for many years. Lacerations of the perineum were, said he, very much to be deplored, and should be prevented with the utmost care. This laceration may extend sometimes very far, involving the sphincter ani, etc. However, in a case of that description, he had observed an admirable proviso of nature, which consisted in the establishment of another internal sphincter for the anus above the seat of laceration, thus preventing the disastrous consequences of this lesion under ordinary circumstances.

Dr. Hammer, in reference to the case related by Dr. McPheeters, said, that the procedure he adopted in this instance was a regular obstetrical operation taught and practised in Germany for many years. Nægele, whom he heard lecturing on this very subject, speaks of this operation as having been of long use in Germany. Dr. Hammer added, that in order to make the incision fulfil its object, which was the enlargement of the vulva, the incision should be sometimes rather extensive and deep. If the incision, said he, was not sufficient, the pressure of the child's head would certainly continue it, and produce thus a ragged cut instead of the clean incision which the knife would perform. He would remark, however, that it is a thing of rare occurrence that the distention of the perineum be so great as to necessitate this operation. By referring to the statistics of the large hospitals, we seldom notice this operation mentioned. In Germany, forceps are generally used in such cases. Their action is to alter the form of the child's head, by elongating it, and thus facilitating its passage. Moreover,

lessening the rigidity of the perineal muscles by other means; among these, chloroform by inhalation or local fomentations. Kneading the perineum, he said, would also often be of benefit. Killian, of Bonn, recommends this method.

Dr. Pallen, in reply to the above remark, said, that he thought that the applications of the forceps would have here increased instead of diminishing the difficulties. The forceps, said he, are compressors of the head only to a very limited degree, as shown by Bandelocque. The forcep is mainly an instrument for extraction, a *tire-tete*. Chloroform, said he, was advisable for many reasons. It does relieve spasmodic muscular action; he had tried it many times with marked success in cases where the version was indicated, and where it would have been next to impossible without the relaxing influence of this powerful anæsthetic. The kneading spoken of, merits also, said he, commendation; he had practised many years this method, which he once learned from Dr. Linton.

Dr. McPheeters replied, that he was well convinced that in this case an application of the forceps would inevitably have caused a rupture of the perineum. He had often applied them under similar circumstances, but not when there was that degree of rigidity; he added, that fomentations and inunction of oil had been freely used; the patient was already naturally nauseated so as to preclude the use of antimony, she had been bled to a considerable amount, and the co-adaptation of the head to the perineum was so intimate that the very act of introducing the forceps would have produced laceration. Furthermore, there were expulsive pains enough without the forceps. Chloroform was not administered on account of the repugnance of the patient's friends to it. Moreover, he considered that the very pressure of the child's head was the greatest relaxant that could have been devised; and all the above means, after a fair trial, proved of no avail. But after the incision made in the perineum, the child's head issued without the slightest difficulty.

Dr. Hammer considered the variety of opinion regarding the use of the forceps in these cases, as a mere matter of discrepancy between two continental schools. In England and America craniotomy, said he, was outrageously frequent, whilst in France and Germany forceps operations were preferred to the former more bloody procedure. The Germans consider that a certain disproportion between the child's head and the pelvis or the perineum may be overcome by a judicious use of the forceps. However, the disproportion is sometimes

so great that it cannot be overcome. Under the circumstances of Dr. McPheeter's case, the Germans would have used the forceps; there was, it is said, an impossibility of introducing the instrument during the pains, but in the absence of a pain this might have been done. It has been said that the rigidity of the perineum is principally kept up by the presence of the child's head; but the spasmodic contractions of the perineum thus induced alternate with those of the uterus. By the action of the forceps this alteration is annulled by the continued pressure it allows to be made on the perineum with the child's head, whilst it is embraced in the blades of the forceps.

Nægele, although of a timid temperament in other things, used the forceps liberally.

The forceps, by compressing the child's head, elongated it. This instrument did not perhaps much diminish the size of the child's head, but by altering its shape it facilitated its passage through a narrow pelvis. Did not nature proceed in the same manner in cases of disproportion between the head and the pelvis? In those cases it was to be remarked that the head was sometimes considerably elongated. In this wise did the action of the forceps imitate the operation of nature.

Dr. McPheeters admitted the possibility of this elongation. As for using the forceps in this case, he considered it was utterly impossible either during a pain or in its absence; for the fitting of the head to perineum was so close, the patient complained loudly of the mere introduction of the finger, which she compared to a cutting instrument.

As to the spasmodic contractility of the perineum referred to by Dr. Hammer, it was altogether destroyed in this case, as will occur whenever the muscular fibre has been acting powerfully for a length of time.

Dr. M. M. Pallen thought that, so far as this case was concerned, the delay of the passage of the child's head through the vulva was not owing in any degree to inertia of the uterus or to a want of the *vis a tergo*; this existed to a sufficient extent to have procured the birth of the child under ordinary circumstances; but here was a most rigid perineum, against which the child battered in vain; a danger of laceration was imminent as the result of natural forces alone; the forceps, he thought, would have increased the danger of this laceration. A great deal of prudence should guide the accoucheur in deciding upon the cases where the forceps would be useful. He was himself a strong advocate of the forceps under certain circumstances, although he must say that he condemned the use of the *long* forceps under any circum-

stance. In this, he was aware that he differed from the opinions taught by all accoucheurs in America, and especially in Germany. He was not, however, inclined to undervalue the great and valuable progress made in the art of obstetrics by the Germans; he knew full well that Nægele had done more than any man, except Baudelocque, to advance this art. But whilst he acknowledged their eminence, he did not in everything adopt the teaching of that school; he endorsed the doctrines taught in London and Dublin; he was convinced, from statistics, that more women recovered after craniotomy, than after the use of the forceps when applied above the pelvis. The mortality of the children was also very great in those cases; frequently, also, various ruptures, and also vesico or recto-vaginal fistulæ were the result of the imprudent applications of the forceps. Siebold had, said he, applied the forceps once in every seven cases of midwifery which occurred in his practice. This preference of the Germans for the forceps was, he said, not based upon merely scientific reasons, but resulted in a great degree from peculiar religious prejudices.

Dr. Hammer, in reply, denied that the German accoucheurs were influenced by peculiar religious opinions in this matter; their adoption of the forceps, in many cases where it was not employed by the English, was based upon purely scientific grounds. In Germany, the forceps was better studied and understood in all its applications, and selected, therefore, as a very safe and useful instrument in cases where the English or American accoucheur would, without hesitation, sacrifice the child's life. In Germany, in those cases, they tried to save the child and mother also, and they generally succeed. In England, one of the reasons why the forceps were not used, was on account of that mock modesty so peculiarly British, which did not allow of a woman to be uncovered. Acting on this false modesty, they have not encouraged the establishment of lying-in hospitals to the same extent that they have done on the continent. They do not understand the forceps for want of facilities to study its applications, hence their hesitation in applying it. The Germans, who are familiar with that instrument, are more bold in its employment.

As for the action of the forceps in the case of Dr. McPheeters, he thought that the rigidity of the perineum was owing to a spasmodic contraction of the muscles of that part, comparable to the spasmodic strictures which occur sometimes in the urethra. If a bougie is introduced when one of these spasmodic strictures exists, it will impinge against it, without penetrating through it; but if the bougie be left

there for a few minutes, the part will gradually become accustomed to it, and it will at length penetrate through the stricture. The same process will occur in spasmodic contraction of the perineum. This, said he, was the rationale of the action of the forceps in those cases. If the child's head be pressed for some time by the forceps on a rigid perineum, the spasmodic contraction of that part will gradually yield. As for the ruptures and vesico or recto-vaginal fistulæ, which, according to Dr. Pallen, were often the result of the use of the forceps, he thought that they took place oftener when the forceps were not used, as in those cases which have been left to nature, or where craniotomy was performed. Vesico-vaginal fistulæ happen mostly in the protracted cases which have been left to nature. Statistics would prove this.

In the United States there are, said he, as many craniotomy cases as there are forceps cases in the rest of the world; because the forceps are not used at all in some cases where it could have been beneficially applied in the beginning of the labor, and craniotomy is resorted to as a last resort. He would not blame the profession here for this state of things; it originated from the want of lying-in hospitals, as he had already remarked.

Dr. Pallen said, that he would see with the greatest satisfaction the establishment of lying-in hospitals in this country, and he expressed the hope that the Biddle Lying-in Hospital, in process of construction in this city, would some day prove a source of practical instruction to students desirous of perfecting themselves in the science of obstetrics. As for himself, he was far from condemning the use of forceps at the inferior strait; he was in the frequent practice of applying it himself, and he had taught its utility for years; he would add, that his opinion was, that it was not applied in many cases in this country where its usefulness would be incontestible if better understood, and where craniotomy was, unfortunately, performed, especially in the country, where the practitioner is often left to himself.

Dr. Smith was one day present, said he, at a lecture on obstetric operations, delivered by Dr. Murphy, of London; in that lecture he made the startling remark, that statistics would bear him out in the assertion that death oftener followed operations of craniotomy at the superior strait than cæsarean sections.

Dr. Smith said, that as for the rigidity of the perineum giving way under the continued pressure of the child's head, as asserted by Dr. Hammer, he would rather expect to see the rigidity increased under this prolonged pressure; he would expect to see inflammation setting

in under these circumstances, and a spasmodic contraction firmly established. As for the procedure employed by Dr. McPheeters, in the case he had reported, he thought it perfectly warrantable and worthy of imitation under similar circumstances.—*St. Louis Medical and Surgical Journal*.

Report of Cases Illustrative of Important Points in Midwifery.

By J. M. WINN, M.D., L.R.C.P.,

Physician-Accoucheur to the West London Dispensary, &c.

Puerperal Coma.—A middle aged, stout multipara was seized suddenly, after her last confinement, with loss of consciousness: the labor was natural, and had not been preceded nor followed by convulsions. The friends, imagining the case to be one of apoplexy, were much alarmed, and sent for me in great haste. I found her in a condition closely resembling that induced by pressure on the brain. She was in a perfectly unconscious state, from which no impression made on the senses could rouse her. As the breathing, however, was not stertorous, the heart not much depressed, and the countenance tranquil, I was induced to refer the affection to a class of phenomena which I have termed puerperal coma, to prevent its being confounded with puerperal apoplexy, a disease of infinitely graver importance, and for which a totally different treatment is required. In the above instance, I was glad to have it in my power to assure the relatives of my patient that the complaint would in all probability terminate safely. The only remedies employed were a mercurial aperient, an ammonia draught every four hours, and the frequent administration of small quantities of fluid nourishment. The result justified my diagnosis: on the following day the comatose state had passed away, and the patient was free from any alarming symptoms.

This affection, in most cases, appears to owe its origin to one or more of the following causes: nervous shock, a loaded portal system, uterine hemorrhage, and the too frequent administration of cordials and narcotics. A variety of this disorder frequently ensues after convulsions, and which I shall illustrate by a case I saw in consultation with Mr. Charles King, of the City Road.

The patient, a short-necked, but not robust young woman, aged twenty-three, was attacked, nine hours after the commencement of her first labor, with violent convulsions, which recurred with little intermission during a period of about five hours. As the os uteri was

dilated to the size of a crown-piece, it was determined to deliver her as speedily as possible, and at the same time by those means which are least likely to irritate the lining membrane of the uterus. After abstracting a small quantity of blood, which had not the slightest effect in allaying the convulsions, we delivered her by craniotomy. After the extraction of the child, the convulsions gradually subsided, but a state of profound coma supervened, which continued during a space of two days and a half. For this symptom the mildest remedies alone were had recourse to, such as were employed in the case to which I have previously alluded. I subsequently heard from Mr. King that his patient perfectly recovered.

I cannot help expressing a strong belief that if many of the cases of this description were treated less heroically, and by a calmer mode of procedure, the results would be more successful.

Utility of Chloroform in Turning.—Several months since, I was requested to consult with Mr. — on one of the most aggravated cases of shoulder presentation I ever witnessed. During ineffective efforts to turn, he had brought both arms into the vagina, and the uterus had contracted so violently upon the child that I found it utterly impossible to introduce my hand. Had I persisted in my attempts to do so by manual force alone, I felt confident that the womb would have been ruptured. The patient was a middle-aged woman, who had borne many children, and had been subject to epilepsy in her childhood. Although she was much exhausted when I was called in to see her, and various remedies had been used to overcome the spasmodic action of the uterus, this organ maintained its preternatural and vice-like contractility without a moment's intermission. Under these circumstances, I resolved to place her fully under the influence of chloroform, and it was not until she was completely overpowered by the anæsthetic effect of this agent that the spasmodic action of the womb subsided. As soon as the relaxation was complete, I introduced my hand, and easily turned the child.

In administering chloroform, it must not be forgotten that its effects are often cumulative, and that some individuals are peculiarly susceptible to its influence. In the above case, the patient was a considerable period before she recovered from its effects, and at one time I entertained fears for her recovery. Although I highly deprecate its indiscriminate use in natural labors, I consider it of great service in the management of many cases. In employing chloroform, it must not be forgotten that it paralyzes the excito-motor nerves of the uterus, as

well as those which supply the abdominal muscles with voluntary power. Its use is, therefore, clearly contra-indicated in cases where expulsive power is required. To lull hysterical excitement, to allay *morbid* pain, (by which I mean *excessive* pain, as it occurs in morbidly sensitive females,) to suspend convulsions, to relax the passages, and to blunt pain during severe operations, are the principal indications for its use.

Placenta Prævia.—Mrs. A——, aged thirty-four, the wife of a Polish Jew, was seized with flooding a fortnight before the full period of her fourth pregnancy. A midwife was summoned, who, after vainly attempting to stop the hemorrhage, apprised the friends of her patient's danger, and I was called in. On my arrival, a distressing spectacle presented itself. The poor woman lay in a state of collapse, deluged with blood, and surrounded by clothes saturated with iced water. I immediately administered a large dose of brandy, and proceeded to make an examination. I found the os uteri fully dilated, and the placenta, which was extensively detached, presenting at the mouth of the womb. Having introduced my hand into the uterus, I seized the child by the feet, and extracted it without a moment's delay. To my great astonishment the child was alive, although slightly asphyxiated; and after the usual remedies had been employed, the functions of its lungs were completely established. After the delivery the uterus contracted, and the hemorrhage ceased. Both mother and infant eventually did well.—*London Lancet.*

S E L E C T I O N S .

Remarks on the Uses of Chlorate of Potash.

By W. L. FELDER, M.D., of Augusta, Ga.

MESSRS. EDITORS—In your issue of the March number of the Southern Medical and Surgical Journal, I find my name mentioned in connection with an article, or a few remarks of yours, upon the subject and use of the Chlorate of Potash. I do not complain of your having done so, but if I had known of your intentions, or had thought for a moment that you were acquainted with the fact of my having long since used the medicine, I would certainly have given you all the information in my power upon the subject of its use, and my experience with the remedy, and thus have saved the necessity of intruding myself upon your notice, or of appearing upon the pages of your journal. Inasmuch, however, as you have thought proper (from some source of information, which I can readily imagine) to advert to

my use of the article in a limited and imperfect manner, I would beg leave to exercise the privilege of being correctly reported, as to the quantity used and the diseases for which I have administered it.

Chlorate of Potash has long since been a favorite remedy with me in the treatment of almost every form of fever, and especially in those periodical fevers denominated remittent, or, as they are called in some places, "Country fevers" or "Santee fevers."

My attention was drawn to the remedy, *specially*, in August, I think eighteen hundred and thirty-two, in the case of a youth, then, by the name of G***** L**, who was under treatment for remittent fever by Dr. H. I was requested to visit the patient with the attending physician. I thought that the Chlorate of Potash would admirably suit the case, and fill all the purposes *then* indicated; accordingly, I gave it in the following manner: R. Chlorate of Potash, 2 drachms; Infusion of Serpentaria Virginiana, 8 ounces. Of this a tablespoonful was given every two or three hours, until its discontinuance should be ordered. It had a fine effect, and in three or four days he was in a situation to take quinine and brandy also, and he speedily recovered. I have used it also in typhoid fevers, (symptomatic, for I do not believe in the idiopathic forms of typhoid,) with the finest results, and believe that, under some circumstances, it constitutes in the list of remedial agents one of the very best remedies, and exerts an influence in low forms of fever that no other remedy possesses.

In these low forms of fever it is used as recommended above, although I find it necessary sometimes to combine with it a little tinct. opii. acetat. The dose for an adult is a tablespoonful every two or three hours: less to younger persons—about the quantity you represent in your article at my hands.

I have used the remedy repeatedly in scarlet fever, and especially in the malignant forms, both internally and as a gargle for the ulcers about the mouth and throat. I consider its use important, however, in any of the varieties of scarlet fever, and, when properly administered, will produce its full share of benefit. It is used as above advised in these affections, when taken internally; but when used as a gargle, I make it much stronger, and use it with sage tea, if convenient, in preference to the snakeroot tea; it is a matter of very little consequence, however, whether used with either; a little cold water will answer every purpose to dissolve it. As a cleanser of ulcers, especially after the use of the nit. silver, it has no superior. From three to four drachms of the potash with eight ounces of pure water, or with either

of the teas, is the usual strength in which I have used it. I would not hesitate, however, to use it much stronger, either externally or internally. I have applied it to indolent ulcers of the legs, and in one instance to a chronic ulcer of long standing, with much benefit, in the form of powder. I have likewise used it in obstinate cases of salivation from mercury with decided benefit, and in one case, especially, that seemed to baffle every other remedy, and threaten the life of a very interesting child, who had been worse salivated than I ever saw one, before or since; it relieved and healed the ulcers kindly, and I believe was the only remedy, out of many, that saved her life. The case, however, resulted in very great deformity, and has been a source of great unhappiness to the individual who administered the calomel. He was unacquainted with the action of mercury, and "did not know that it would make the mouth sore, much less produce sloughing," and thereby permanently entail miserable deformity.

In the various vaginal irritations and ulcerations of the os and cervix uteri, it will exert a very happy influence, and may be relied upon, if perseveringly used, in counteracting leucorrhœal discharges produced from irritations, and very often heal such ulcers promptly.

In a case of ulceration of the os and cervix, in which I tried it for a very long time in this city, its effects were accompanied with results highly flattering, and the patient seemed to be rapidly recovering, until neglect of her person, growing out of the fact that she was not able to have the care and attention that such cases require, and consequently the local affection became aggravated, her constitution failed, and the case terminated in death. I was not in attendance at the time of her death, nor had I been for many months previously, consequently can say nothing upon the subject of her condition at the time of her death.

I have said all that I conceive to be prudent and *proper* in an article of this sort; however, I could mention much more concerning its effects in that scorbutic or spongy condition of the gums, accompanied with hemorrhage, in typhoid fever.

I am now treating a child with ulcerous sore mouth, with this salt of potash, and as soon as I satisfy myself fully of its use in gangrenous ulcerations about the mouth, as well as the aphthous conditions not only of the mouth, but extending to the pharynx and along the œsophagus to the stomach and bowels, I may trouble you at some future time with a publication setting forth my views of the utility of this salt in the two last men-

Journal.

—*Southern Med. & Surg.*

**Upon Improvements on methods of rendering Medicinal Preparations
Pleasing to the Eye and to the Taste, and Agreeable to Use.**

By FREDERICK STEARNS, of Detroit, Mich.

Next to efforts in the advancement of pharmaceutical skill and science, which secure increased efficiency to medical agents, there are none which meet the more ready appreciation of the physician, or insure the grateful remembrance of the suffering invalid, like those which tend to relieve the remedies employed of all repulsiveness—in form, appearance, or taste.

While I am unable, from my own knowledge, to offer as much of value to the Association as could older and more experienced members, yet I submit the following *random* notes, and express the hope that some more skillful pharmacist will be appointed to report upon the same subject at our next meeting.

The administration of the officinal vinegars and dilute mineral acids is rendered more agreeable by the addition of small portions of alcoholic solutions of any of the flavoring essential oils, lemon, wintergreen, pimento, Ceylon cinnamon, etc., or of spices; sugar, when not contraindicated, is also an allowable adjuvant.

The popularity of the elixir of vitrol over the dilute acid is owing to its agreeability to the taste; dilute phosphoric acid should have added to it a solution of the essential oil of the sweet orange.

Comp. tinct. cardamom, concent. infus. of rose, are excellent additions to medicated acids or vinegar, covering a portion of their taste, and imparting an agreeable color.

Prussic acid is best given in syrup of marshmallow. Lactic acid, which is now coming into use as a remedy for dyspepsia, indigestion, etc., is made into an agreeable drink with water, sugar and essence of lemon; it is also eligibly exhibited in the form of a pastil, in which form, also, the oxalic, tartaric, tannic and citric acids are most available.

Inert powders, or those which are comparatively so, it is said, can be made to produce a medicinal effect much quicker by long trituration with sugar or milk; in the case of ipecacuanha or of opium, this effect is rendered much greater; long trituration of calomel with the same substance, renders minute doses of it equal, in rapid and permanent effect, to quite large ones of the drug administered in the ordinary way.

Tasteless powders should be administered with aromatics, the milder

spices, Ceylon cinnamon, and the like; astringent powders can in this way be rendered less unpleasant.

Cane sugar, well dried and reduced to the finest possible state of division, by long trituration in a mortar, is an elegant vehicle in which to administer the alkaloids, and their salts, quinia, morphia, etc.; the *modus operandi* is as follows: instead of triturating the medicine and sugar together, mix the dose in its crystalline state, (without breaking it up,) by means of a spatula on a piece of paper, with a sufficient portion of the sugar previously powdered. In this way each crystal becomes enveloped with a dust of saccharine powder, and when placed upon the tongue and washed down with a draught of water, leaves nothing upon it but the sweet impression of the quickly dissolved sugar.

Mr. Maisch recommends the administration of the saline powders, ammonia salts, iron salts, potassa salts, etc., in effervescing draughts, by which their bitterness or pungency is in a great measure overcome.

Those pharmacutists who furnish "mineral" or carbonic acid water, possess the means of administering many similar substances in an agreeable manner; a "Seidlitz" is in this way administered without the necessity of giving an extra dose of tartrate of soda.

By an improvement in the process of capsulation, the most volatile substances, ether, chloroform, turpentine, are now best administered in capsules of gluten; these are imported from France, and the "Perles d'Ether" of M. Clertan are certainly among the most beautiful and finished of the pharmaceutical productions of our accomplished co-workers, the French pharmaciens. Each capsule contains about five minims of ether, the empty capsule weighing but about two grains.

There is no reason why our list of officinal syrups should not be greatly extended, from the fact that sugar is an excellent preservative of the medical virtue of plants, proper regard being paid to the separation of the inert matters which excite fermentation; its agreeability as an excipient renders it grateful to the invalid; the cloying effect of syrups can be counteracted by the addition, at the time of using them, of some pleasant vegetable acid or acid syrup.

Many of the non-official fluid extracts, now so popular, could be converted into concentrated syrups by replacing part of the hydro-alcoholic menstruum with sugar.

I have in this way prepared, successfully, syrups of blackberry root, ergot, buchu, bloodroot, black cohosh, capsicum, cranesbill, golden seal, hva
n, yellow dock, etc.

Unless alcohol is desirable in fluid extracts, from a therapeutical point of view, it seems to me obvious that sugar could with advantage replace alcohol in nearly all the non-official fluid extracts, concentrated tinctures, etc., intended for internal use. A syrup of lime has been introduced as a substitute for lime water, it being a much more concentrated form of lime solution.

The phosphates are most eligibly exhibited in the form of syrups, particularly the phosphate of lime; a syrup composed of a solution in phosphoric and muriatic acids of the phosphates of soda, potassa lime and iron with sugar, and pleasant flavoring has come into general use, I believe, in some of the eastern cities, particularly Philadelphia; it is used in consumption and dyspepsia, and from its elegant appearance and pleasant taste seems to be an eligible preparation.

A tincture formed by macerating the bark of *Prunus virginiana* in rum, is an agreeable addition in the way of flavor to our official concentrated syrup of sarsaparilla. The U. S. syrup of *Prunus virginiana* I have found to be one of the most delightful of adjuvants to cough mixtures; it is also an elegant vehicle for the administration of the most powerful anodynes, etc., used in pulmonary complaints; prussic acid only serves to give increased flavor of the cherry to this syrup when given in it.

I have found a syrup of roasted coffee excellent in covering the taste of quinia, morphia, etc. An infusion of roasted coffee is valuable in covering the taste of Epsom salts, senna, and of many bitter infusions.

In many extemporaneous mixtures, a syrup prepared from the essential oil and peel of the sweet orange, is agreeable as an adjuvant.

If pharmacutists would generally prepare their syrup of ginger and tolu after the method of Mr. Finlay, as published in the 23d vol. of the American Journal of Pharmacy, I think they would not have cause to regret the change from the turbid, inelegant ones of the U. S. P., to the beautifully transparent and strong ones prepared by his method.

Strong fruit syrups, prepared by dissolving with as little heat as possible 2 lbs. troy of refined sugar in the expressed juice of any fruit or berry, make delightful adjuvants to numberless extemporaneous prescriptions of the physician; they are agreeable additions to effervescent draughts, and are best for flavoring mineral water syrups.

Syrups of Iceland moss, Irish moss, marsh-mallow, hoarhound, acacia, liquorice, liverwort, etc., are favorites in certain localities as cough remedies; infusions of the same with gum and sugar are formed into pastes, similar to jujube, and meet with ready sale.

Confections, though considered in their ordinary forms as agreeable methods by which to administer medicines, are improved by introducing the proper dose of any one of them into figs or dates, and prunes freed from their stones.

Jellies of raspberry, current, quince, blackberry, etc., are nice for disguising the taste of powders when given to children. A little jam or jelly very nicely covers a bitter pill, for those who have a peculiar aversion to swallowing them.

Among the multitude of purposes for which pure glycerin is becoming available, its use as a solvent and preservative in pharmaceutical manipulations is most important; there seems to be scarcely a fraction as yet developed of the uses to which this wonderful substance can be applied in pharmacy.

Its solvent power, in most cases, equals that of alcohol or water, being sometimes even greater.

By mixing it with alcoholic or aqueous solutions, which are liable to change, they are thereby rendered permanent. Solutions of vegetable matter in it does not change or ferment.

It does not itself become rancid, and from its viscosity it can be used instead of cerate or oil as a vehicle for many substances used in embrocations.

The disagreeable sulphurets are soluble in it, and their solutions are among the most available methods of administering them; iodine and its salts are dissolved by it.

Liq. iod. iron, syr. iod. iron and manganese, syr. iod. zinc, prepared with glycerin, are recommended as elegant and eligible.

Escharotics of the deliquescent kinds are rendered particularly available in solution in glycerin; their action is much more controllable, and as the glycerin does not dry, their action is more persistent. The terchloride of antimony (cryst.), iodide and chloride of zinc, nitrate of mercury, chromic acid, etc., are among those suitable to use in glycerin. It forms solutions of the deliquescent salts, of the sulphate of potassa and soda, of the alkaline chlorides, and even of oxide of lead.

The salts of the vegetable alkaloids can be exhibited, dissolved in this substance, as embrocations or otherwise. It will dissolve bin-

iodide of mercury in sufficient quantity, so that $\frac{1}{2}$ teaspoonful will contain a sufficient dose. It is useful in emulsions, of copaiba and of oils; it aids in covering the taste of the nauseous ingredients.

It is suggested to use glycerin on account of its superior solvent power over fat or oil in the extraction of the active matters of the leaves of savin, stramonium, cicuta, dulcamara, elder, tobacco, etc., in place of the cerates as now prepared from these plants. It is superior to oil in imparting flexibility to collodion. Its preservative power is available for the preservation of vaccine lymph, the recent dry scales of which can be dissolved in it and kept unchanged for a length of time.

It is proposed that it be substituted for sugar in some of those medicinal syrups which are so liable to ferment. The properties attributed to it as a fattener would give additional value to it as a vehicle for ague remedies, as in syr. ipecac., syr. scillæ comp. Its bland and soothing properties, when applied to the skin in an irritated or inflamed state, have caused it to be much used therefor. And I have seen numerous creams, balsams, lotions, etc., prepared from it by various pharmacutists, many of which exhibit skill and taste.

The lozenge or pastil has become so common a form in which to exhibit medicinal substances, powders, extracts, juices, essential oils, etc., that I shall notice herein only the following: The efficiency of santonin as an anthelmintic has given rise to its extensive employment in the form of a bonbon or lozenge, delicately flavored, and rose colored; it forms in this shape by far the best and most eligible "worm lozenge" extent.

The preparation termed "Lactinates" find some favor among medical men; they are simply saturated tinctures of any medical plant, inspissated upon cane sugar, or sugar of milk. The applicability of this process depends upon the active principle of the plant not being decomposed by the necessary heat employed in preparing them. I have prepared lactinates of sanguinaria, ipecacuanha, hyoscyamus, digitalis, which possessed perfectly the characteristic odors and properties of those medicines.

Homœopathic globules are made of flour and cane sugar, not of milk sugar, and why can we not learn from the infinitesimal dose-givers something? These pellets (the largest of those they use weighs $\frac{1}{4}$ of a grain) could be made of any size, and when medicated by means of concentrated alcoholic solutions of the more powerful alkaloids, would prove a very agreeable method of administering them.

The usual methods of rendering pills less repulsive by means of coating them with gelatin, gold or silver foil, dry mucilage of linseed, seems to be far superseded by the new and elegant method introduced by French pharmacutists, by which they are covered with gluten and sugar. *Odor* and taste are destroyed by converting them into bonbons. By this new method the odor of assafetida is entirely covered, and the most bitter dose rendered palatable. Extracts, all of the officinal pills and others, several decomposable salts, many of the alkaloïds, cubebs, copaiba, astringents, etc., etc., are prepared in this form. Those I have seen are from the house of Garnier, Lamoreux & Co., Paris, and are striking evidences of the superior skill of the French pharmaciens.

The preparation of an unalterable pill of iodide of iron, after the formula of Blancard, pharmacien of Paris, has attracted considerable attention. I have prepared these pills for nearly two years, and they have become very popular among my medical friends. I now substitute an ethereal solution of mastic for one of tolu, with advantage in coating the pills as it dries quicker; the varnished pills are not apt to adhere, and the medicinal effect of the mastic aids that of the iron.

A pill or bonbon of oxydized balsam copaiva under the title of "Copabine Mege," has found much favor lately with physicians. They have the appearance and taste of sugar plum, and consist of copaiba (which has been heated in contact with nitric acid) covered with sugar, colored and flavored. They agree well with the stomach, and seem to produce the curative effects of the copaiba quicker than when it is given by the ordinary methods.

Lycopodium, which costs but a very little more than the best powdered liquorice root, is to my mind much more elegant to use for keeping pills from adhering to each other, than any other powder. Powdered althea root is also used for this purpose.

French Pharmaciens, who exhibit the greatest skill and improvements in that department of pharmacy of which this paper treats, have brought the process of capsulation almost to perfection, as exemplified by the manufactures of Raquin, Clertan and Mathey Caylus, in which copaiba alone, or its various compounds with cubebs, with astringents, etc., the turpentine, ether, essential oils, and numerous other substances, are enveloped in a thin, tasteless and inodorous covering of the gluten of rye flour, of a size favorable to easy deglutition, and yet containing a sufficient dose of each. The filling of them is so perfect that they contain no air bubbles, and the empty

capsule weighs only from $1\frac{1}{2}$ to $2\frac{1}{2}$ grains, whereas the gelatin capsule weighs nearer 10 grains.

The empty capsule, another French idea, although now made largely in this country, consists of two short, thin cylinders of gelatin, closed at one end, and sliding one over the other at their open ends. These are made of several sizes, and all that is required in order to use them is to fill the smaller cylinder with the medicine, whether solid or liquid, place the other over it, and, having allowed it to soften in the saliva, it is as easily swallowed as a morsel of bread.

The tasteless French wafer is another method of taking powders; they are made white and tasteless, diameter about $3\frac{1}{2}$ inches, and are used by moistening the edges of the wafer with saliva, placing the powder in the centre, and folding the edges over the centre; thus enveloped, the medicine is taken without being tasted.

Numberless methods are proposed for covering the taste of cod liver oil, none of which are so simple and free from objection as that of chewing some bitter substance, as orange peel, previous to taking the dose. Emulsions of cod liver oil are elegantly prepared by means of carbonate of potassa, orange-flower water and syrup. Many physicians prescribe cod liver oil in brandy, which tends to cover its taste and aids its medicinal action.

Castor oil is not improved in medicinal action by most of the methods used to disguise it, and the method of giving it floating between spirit and water is doubtless the best, which is as follows: in a proper cup place an ounce or two of mint water, milk or cold infusion of coffee, and having thoroughly wet the sides of the cup with it, pour the dose of oil carefully into the centre of it, pour upon this a little brandy or any agreeable alcoholic tincture; the oil thus prepared can be swallowed without its touching the mouth at all, being completely enveloped by its aqueous and alcoholic vehicle. The essential oil of spearmint possesses the power of covering the taste of copaiba, in emulsions of that substance, in a remarkable degree.

Since fluid extracts were made officinal by the last revision of the United States Pharmacopœia, the number of plants which have been found eligible when used in that form has greatly increased. Messrs. Tilden & Co. now prepare over one hundred varieties of fluid extracts; they have the advantage of being concentrated fluid representations of plants with but little alcohol; and in very many of those now preserved by means of alcohol, sugar might with advantage be substituted for that purpose.

Among the non-official extracts, those of arnica, blackberry, cranesbill, ginger, buchu, dandelion, dandelion and senna, hyoscyamus and sarsaparilla compound I consider especially eligible, and there is no doubt but that there are many other plants which experience will prove to be most valuable in the form of fluid extract.

I have had occasion to prepare, during the past year, several *saturated* tinctures, as some physicians think them less variable, and require much smaller doses. In preparing them I have used a considerable excess of the dried material over and above the amount calculated that the menstruum can exhaust. This method is wasteful, and is only applicable to local prescribing, and when the effects of such preparation can be closely watched.

I have prepared as above, saturated tinctures of bloodroot, belladonna, henbane, lobelia, digitalis, conium, etc.

The compound tincture of cardamom is one of the most elegant of adjuvants to mixtures of tinctures, etc., known.

Most pharmacutists color their essences or alcoholic solutions of the essential oils of peppermint, spearmint, pennyroyal, and the like, by means of curcuma. Now, by placing a small portion of the dried plant, from which the essential oil is obtained, into the solution of oil previous to filtration, a color is obtained which is much more natural. A few red rose leaves impart to essence of wintergreen a more delicate color than saunders or cochineal.

The infusion of rose leaves forms a judicious addition to many extemporaneous mixtures, owing to its power of disguising taste, and to its beautiful color.

The modern idea of preparing extemporaneously, and taking infusion of quassia, by drinking water from goblets made of quassia wood, has already become obsolete.

In the preparation of cinnamon water, the essential oil of the true or Ceylon cinnamon should always be used, as it produces a medicated water of delightful flavor and agreeable odor.

Of late years the ligneous portion of slippery elm bark, which is separated when this bark is ground from the mucilaginous portion by bolting, has been used much for cataplasms in place of linseed meal, bread, etc.; it is cleanly and sweet. There is an article called spongio piline, imported from England, made of a mixture of wool and sponge attached to a thin, but strong sheet of rubber. It is used by simply wetting a piece, cut to the size wanted, with water, (warm or cold;) the impervious rubber keeps the moisture from evaporating. Infusion

of tobacco, belladonna, or any anodyne or narcotic, can by means of this substance be eligibly applied externally.

Ointments when prepared extemporaneously upon prescriptions, should have used in them, as a vehicle for the action of remedies, only the sweetest of lard or suet, or else use perfumes to cover any disagreeable odor it may possess. A cerate of wax and oil, the unguentum aqua rosæ and glycerin cerate, are eligible vehicles for powerful substances exhibited in ointment. These should be prepared of various degrees of hardness, so as to correspond with the prepared lard, spermaceti, and simple cerate of the United States Pharmacopœia.

Cantharidin tissue, blistering taffeta, cantharidal collodion, solution of cantharidin in oil, solution of cantharidin and pure gutta percha in chloroform—all these form new and popular substitutes for the ordinary blistering cerate.

I have been in the habit of preparing for some medical friends an embrocation which is used for piles in place of the nutgall ointment of the Pharmacopœia, prepared by dissolving *one half* drachm of hyd. alc. extract of tobacco and *one half* drachm of tannin in *two fluid ounces* of glycerin.

Hat case—a sort of oil cloth—forms a useful article in spreading plasters; it is very flexible, accommodating itself to any inequalities of surface, and does not allow the material spread upon it to penetrate its substance so as to show upon the reverse side.

It seems singular that Vallet's mass of proto-carb. iron should not be more generally employed in place of many other more expensive and less eligible forms in which iron is exhibited; its pleasant taste, ready acceptability to the stomach, and efficiency even in small doses, its easy preparation, all render it valuable to the physician and profitable to the pharmacist, and yet there are but comparatively few pharmacutists who prepare it at all.

Lactate of iron is, perhaps, best exhibited in the lozenge form. I have noticed an elegant pastil of lactate of iron, of French make, which are sold by importers.

The oil or butter of the cocoa nut is an elegant vehicle for the preparation of ointments, on account of its snow-white color and agreeable odor. It is less liable to become rancid.

The butter of cocoa, or the chocolate nut, is used sometimes for enveloping pills; also for making suppositories.

Although there seems to be much difference of opinion among English pharmacutists concerning the value of *concentrated* infusions, as

compared with those prepared by the officinal methods, there is one thing certain, that from the ease with which the concentrated ones are kept, in spite of their not becoming officinal, they will be thus prepared and kept by most pharmacentists.

Of all saline aperients and cathartics, the solution of citrate of magnesia seems to have reached the popularity due to it as the most agreeable ever invented. Its use is yet somewhat confined to the larger towns and cities. Though, from the improvements made in its preparation, so that it is permanent, it can be kept any length of time and easily transported to any part of the country.

A dry and soluble citrate of magnesia, prepared after the method of Robiquet, and mixed with flavored sugar, bi-carb. soda and citric acid, forms a portable and exceedingly present aperient salt for travellers to carry.

The French put the soluble citrate of magnesia, up into pastils, each of which contains one gramme of the salt.

The fluid magnesia of Sir James Murray is easily prepared by any pharmacist possessed of an apparatus for making mineral water. This bi-carbonate is an eligible ant-acid, much used by the English; it is aperient in large doses, its cathartic effect being enhanced by drinking it with a portion of syrup of citric acid, by which a portion of the bi-carbonate is converted into citrate of magnesia with the escape of abundance of carbonic acid gas; it is drank while effervescing. The fluid magnesia is recommended as a vehicle for bitter infusions, covering their taste, etc. It forms an elegant ant-acid and stomachic cordial for infants—used to prevent their food from turning sour upon their stomachs, and as a gentle carminative in place of solutions of opium—when prepared by adding to it a small proportion of the essential oil of anise, caraway and fennel dissolved in alcohol, water and sugar.

The French administer sulphur internally in the form of a pastil, each of which contains 10 grains of sublimed sulphur.

As phosphorus readily dissolves in glycerin, this solvent is recommended as a fit substance in which to exhibit it.

The principal objection to the valerianates—their odor—may be overcome by using with them almost any highly-flavored essential oil. Oil of gaultheria succeeds well among others.

Numerous other ideas suggest themselves to me illustrative of the subject matter of this article, but the amount written warns me to close; and, in conclusion, I would remark, that every pharmacist

possesses within himself the ability to add a mite or more to the general knowledge of our profession, and that it is his duty to impart that knowledge for the benefit of the whole; and while it seems evident that but a small portion of the inherent skill and taste of the *American* is exhibited in perfecting the agreeability of our pharmaceutical preparations, yet, as a progress in this department of our art is daily being made, we may reasonably hope, at no distant day, to successfully rival the productions of other arts and professions in beauty and attractiveness.—*From the proceedings of the American Pharmaceutical Association, 1857.*

[From the Nashville Medical and Surgical Journal.]

**Brief Exhortations to "Young Physic." Professional
Morality and Religion.**

Most respectfully and affectionately dedicated to the Graduates at the Medical Departments of the Universities of Nashville, Tennessee, and Louisville, Kentucky. By J. W. SINGLETON, M.D., Smithland, Ky.

GENTLEMEN—April has given place to rose-tinted May. O'er the grave of your lately departed comrade in art the balmy breezes of spring are wafting the delightful incense of the flowers. Whenever you would be sad, a thousand memories of your dead brother can be called up; how you met him in youth's full spring-tide of buoyant hope and joy; how the attractive influence of a benign science kindly knit your kindred minds together; how the spirit of a virtuous ambition animated your souls for the future accomplishment of glorious ends. But one of your noble army fell. He was borne to his parents, and thence to the church-yard. A young man has fallen! It might have been you or I! Think of it! Alas! upon what a little cord does this our probationary life hang! He grew and budded into promise, but death prevented his bloom. He stood upon the borders of the kingdom of medicine, but did not pass through the land. His trials and difficulties are now over. The buffets of fortune and the gauntlets of success were mercifully designed not for him. Bend low over his resting place, and drop tears to his memory, and let us pray that William T. Ford has gone over death's dark river to reach the shores of immortality, where the Great Physician reigns as King. In contemplating the death and memory of your late companion, we are insensibly led to the consideration of the ultimate consequences of all our actions here, whether they have reference to life, responsibility,

moral and religious; to their bearing upon ourselves and upon society, and finally our reward or punishment. Hence the subject of the following exhortation shall be "*Professional Morality and Religion.*"

Laying abstruse speculations of science aside, for a brief period, and addressing ourselves at once to the task, I will beg leave to state that I do not believe that an individual, however well educated and enlightened he may be, who is not to all intents and purposes a *good man*, is wholly capacitated to practice the healing art. I do not desire to be deemed fanatical on this point, nor would your humble exhorter be understood as saying that there are not many practitioners who do not make any pretensions to goodness, who are highly successful in a general sense. The deeds of mercy enacted by such men are the spontaneous fruits of exalted natures, which could easily become assimilated to purer and higher degrees of the soul's advancement into regions of perpetual and ever active holiness, in deed and in truth. So far, then, as the good motives of our brethren are concerned, we should give them all the credit they deserve, and enforce, by the salutary efforts of precept and example, a *chart of progression*, mixed up with the developments of that priceless virtue in character which "vaunted not itself." I call upon you to help me in enforcing the idea that perennial streams of morality and religion must pervade all the departments of our glorious profession. I trust a hearty response will inevitably follow sooner or later. Our second proposition is, that a so-called physician, who is either notoriously mean spirited, selfish, cruel, unfeeling, obdurate, unteachable, bigoted, profane, intemperate, or riotous, is not fit to be called by the name of Doctor, much less to enjoy the rewards of patronage. The man who is *mean* has no affinity for our science. He whose soul is steeped in selfishness cannot learn the principles of universal benevolence, inculcated by our teachers and our experience. He who is cruel and unfeeling can never deal charitably and kindly with his suffering fellow worm. The obdurate need never be supplicated: the unteachable and bigoted we have no means of teaching. Profanity, drunkenness and irreligion are proper requisites for those who are reckless of the consequences of their own deeds, and the highest qualifications of those who are called to *practice* the provisions of the "dog law," during dog days, and in times of great hydrophobia excitement. The "fathers" of our various towns and cities would do well to employ just such to carry out their practical legislation as *suited* to the unfortunate canine tribe. The *second*— such mental and bodily

comfort from the employment in such cases of these deplorable libels on the profession.

Society and the law are both so constituted that there are hundreds of peccadilloes of which we are guilty, that laws and penalties cannot reach. Hence it falls to the lot of the moralist to endeavor to pluck up by the roots many growing evils, which seem destined to become subjects of weighty consideration and alarm. *Learned legislators* (?) fall short of performing their whole duty, and consequently ridicule and caricature must perform the work left undone. Waiving all unnecessary explanations to our purposes, in detail, we would remark that all our efforts have been and shall be for the good of the order to which we belong. We are proud of our motives, and now leave the members of the art to judge how far we succeed in proving our faith by our works. The legitimate science of medicine is our delight, and we entertain a most fraternal regard for all its votaries. There is no doubt but the cause has many pretenders followers in it, who are calculated to do it great discredit, and many since are countenanced in physicians, which public opinion ought not to suffer. In advocating the most feasible plans for the amelioration of every department of the very complex duties, moralities and responsibilities we have to perform, adhere to and discharge, it is not our intention to be offensive to any one, however "the shoe may happen to pinch." We shall attack sin in whatever shape we find it, regardless of the consequences to our humble self, but none the less charitable to our friends. The disease must be mentioned, the remedies pointed out. You are familiar with both. The final cure must be brought about by a strict adherence to the text, that perfect morality should be the touch-stone of professional character. Immorality has been and is now its curse. Religion should be its ultimate and most perfect redemption. Morality, medicine and religion in one harmonious whole, a blessed trinity, to be sustained by the uprightness of our own conduct in the broadest sense. It is a theme of deep regret to all thinking, sober-minded, conscientious physicians, that so many glaring and hideous faults can be found among those whom we have to claim as belonging to our own family; so many prodigals in morals and outlaws in the divine economy. Laying the intrinsic and extrinsic force of medical learning aside, and coming to the true worth of personal reputation in each and every regard, we cannot help arriving at the conclusion that there is much that may be done towards making us a class better men than we really are! If it is a fact, as has been often stated, that there is a natural aristocracy—

the aristocracy of nature, of mind, and heart—with whom it is almost next to impossible to mix with mean and baser things, why then we should seek to become affiliated with such and exalted ideal, and claim the prerogative though we may not be entitled to the right. But mark, in such usurpation (if such it be) we are of necessity bound to exhibit some aristocratic qualifications to enable us to occupy the position, without being questioned as to the exercise of the privileges thereto belonging. The foregoing process of reasoning, we are aware, is fallacious so far as the act of usurping is concerned. Every gentleman has it in his power to remain a gentleman, or by the moral influence of his own principles and actions, good or bad, to exalt or lower himself in his own and in the general estimation. There is that much talked of state of endless progression in gentility, which every man with a sound mind and a pure heart can have the benefit of. It is strikingly manifested in the life, character and services of a professional man. It is along a straight road, in gentle and easy stages of decency and virtue, with here and there fruits for the exercise of mercy, charity, good will, love to God and man, and the final stopping place in that "house not made with hands." As a warning, there may be rocky precipices to cross, steep hills to overcome, and difficulties to encounter before we reach our last home. We may be tempted, and we may fall. Gold may lure us down some embankment, and, having become so delighted with our newly-found treasure, we may express the wish that Midas made, and enjoy the fulfilment—wrap ourselves up in self—instead of being a living benefaction to the world of mankind. In a few words, we may become rich and heartless, when, as we have the means, we should have the will to do all in our power towards making our fellows happy and contented around us. Cruel, unkind, unfeeling in our daily administrations, in endeavoring to do a "land office business," our lust of money may be so great as to make us measure the flight of time by the periodical reception of fees, and calculate the interest on the amount of our information. Opulent in the extreme, the trembling representative of poverty and affliction knocks at our door and finds us "not at home." Emboldened by former success, and the confidence generally placed in us, we can kill or cure as we like, according to changing whim or caprice, *there's money in it anyhow*. Ever obdurate to the calls of indigence and destitution, unteachable to the useful lessons to be learned in our art every day, and purse-proud bigots for whom humanity has really no use but to shun and detest. Yet "wealth, age, and experience," with turtle-shell avarice, promenades the

haunts of society, well clothed, well fed, and with his pockets crammed full; while liberal, industrious, meritorious poverty stands shaking in the cold, without at the gate! In a few years Dives takes his departure. Dollars, halves and quarters were his sun, moon and stars, while he was daintily and richly provisioned from the cream and fatness of the land. Lazarus comes forth to feast his fill. Dives retires from the stage of action,

“Unwept, unhonored and unsung.”

But there is danger of even Lazarus becoming another Dives. Beware of this! It is a matter of profound satisfaction that such cases are few and far between” with the votaries of physic. Would to heaven there were none on this earth, and particularly in the ranks of medicine. The man who, having amassed wealth and gained honor by his pursuit, who becomes dead to every emotion of love, except the love of filthy lucre; whose bowels of compassion never yearn with tender, maternal sympathy for his patient, worthy, struggling brother, has failed to fulfil the end of his creation. The man who looks with jealousy and suspicion upon the efforts of a young man to use and prove his usefulness, the man who attempts to “throw cold water” upon his earnest enthusiasm, and endeavors to check his advance, such a man must be actuated by a spirit of meanness unfit to hold its habitation in the warm breast of a *man*. You, then, my brothers, are destined to become lights to your day and generation, if you will only realize at once the character of the opposition you are bound to meet, and wholly disregard it. If you will consider that one-half of the world is jealous of the other half. Your talents may be envied, but recollect that envy and detraction are poor instruments for the attainment of noble undertakings and bright names. Resolve yourselves into a committee of “ways and means,” to do away with all of the *mean ways* belonging to our flock. Regulate your conduct according to the most elevated dictates of professional morality and religion. Let it be your morality to do right, and your religion to reward those who do so.

We propose briefly to glance at the subject of *profanity* as connected with our brethren of medicine. In doing so it is not our purpose to question the existence of good motives in many who indulge in this most unnecessary and least excusable sin. To those with whom we are so intimately associated in the pleasing relations of a world-wide science, it is our design in all things to consider the practical application of sound doctrine, precept and example. Starting out upon the

belief that physicians as a class should be among the best of men, we have tried to make all our arguments consistent with that original faith and hope. Alas ! how frequently are blackguardism and the most ungodly profanity mixed up with those tender offices and attentions, in the excellence and mercifulness of which we should be entitled to hold companionship with "spirits of just men made perfect," as ministering angels sent to cheer the dark valley of distress, or to scatter the emblems of consolation along the tear-marked pathway of this life. How often is it that we hear the vain oath ascending to the "Recording Secretary" above, even from the lips of the physician, and from the house of affliction. He forgets his connection with a high and holy profession. He forgets that his own case is unlike "Uncle Toby's." There his oath will remain against him. There is no white-winged angel of mercy to blot it out.

We are of those who believe that a "special providence" has all to do with this terrestrial existence that the most zealous advocates of the idea contend for. He may indeed work through the laws of nature, as some hold that nature is God and God is nature. We do not endorse the latter position on the whole, but only so far as it may not exclude the daily manifestations of a special influence over God's children. True it is that, by the violation of either the laws of nature or the moral law, we must surely incur a penalty sooner or later. Yet it is nevertheless demonstrable that even in the commonest passing events of our lives we see the manifest workings of an invisible power, and it is nowhere more clearly shown than in health, sickness, and recovery. Health, the equilibrium of natural laws in ourselves, working harmoniously; sickness, a disturbance of that harmony; recovery, the combined result of the recuperative powers, of nature aided by agents employed to remove any obstruction there may exist to the full restoration of harmony in the vital economy. Providence the great originator—science the means. "Aid nature, it is all the wise can do." Death, the penalty of violated laws, dissolution of soul and body, "ashes to ashes, and dust to dust." The elements of the frail body go back to their native beds, and the immortal to give an account. How far, then, our remedies have conspired to put off the fatal day, and, in spite of the many influences which generate disease, to sustain the ruddy glow and buoyancy of health, science has enabled us to decide comparatively. We look at those treated and those not treated. We compare those treated after certain long-known and well-established methods, and those treated according to uncertain so-called systems. The result is highly satisfactory to the intelligent discrimination of the universe.

Legitimacy has been voted the attribute of the gods ! But of what does this conclusion admonish us ? Why, most emphatically it proves that *God is in science* and a rational philosophy, and by his means we are often allowed to perform "miracles of cure." We believe that our Great Father works with us in our profession and in our ministrations, when our hearts and minds "keep step with the music of the *union*" of everything good, pure, noble, and exalted in our own characters and actions. Then it is that the especial favor of success rests and abides with us in all our movements. If this reasoning is correct, how inconsistent is moral depravity with our office. Why do not those who profess to practice physic on the most scientific principles, acknowledge the proper reliance, and seek to be in communion with that high power ? How can they consistently become identified with the works of the Devil ? How can they be participants in some of the worst immoralities ? The gambling hells, the drinking sewers, and dens of infamy should never be the means of corrupting one of these ministers of mercy ; nor should they ever call in question the existence of the Supreme Being either in word or deed. With all the boasted attributes of science, it is nothing if God is not in it. He it is who makes us brave to accomplish our purposes. How can we consistently hope for a blessing upon our labors when we daily and hourly profane his holy name ? He can make us strong to battle against disease and pestilence. He has given us intellects to conceive our duties and hands to perform them ; then we should avoid all manner of sin and vice, and every appearance of evil, and keep ourselves in constant communion with Him. Recollect that he who indulges in vicious practices robs himself of the necessary ability and moral influence of doing good. Mark this. If our religion is a holy one, let the priests who minister at the altar preserve the purity of unblemished character, else our teachings shall be vain and ministrations unfruitful. It was remarked by one of the fathers in medicine, that through a long and arduous practice of his art, he never suffered himself to begin the duties of the day, without having first entered his closet and prayed that God would guide and direct his administrations to the sick. Another disciple of the healing art confessed that he never gave a dose of medicine without praying at the bedside for a blessing of divine providence upon its action. His prayer was—" *if the potion did not do good, not to let it do harm.*" Here is a good lesson taught practitioners generally. It is to be hoped that many have long since profited by it. That constant and unwavering belief in the existence of the supreme architect of the

universe, the sustainer of our proudest sciences, and the guardian of His children, over whom He watches in love, gentleness, mercy and justice. God in our science, our minds and hearts, and remedies. Glorious reflection! Glorious faith! Let us prepare and purify ourselves for the full reception of the glorious idea! Such faith should never be mixed up with profanity and wickedness; blackguardism has no part with it. The divine inflatus is complete in moral perfection; it is the soul to the body, the quickening fire of scientific minds, which have deigned to bless mankind. Then eschew profanity! Abhor vice of every grade! Give them both the levitical shoulder. Make yourselves brave in the sacred cause of virtue, in making men and women better from your counsels and examples. Live a life of morality and religion. Let your pride and ambition be based upon the practical and general utility of your mission. Your name above suspicion, your charities dealt out with the most disinterested benevolence.

[To be concluded in our next.]

SYRUP OF THE SUPER-PHOSPHATE OF IRON.

By ALEXANDER CUSHMAN.

The very favorable mention made in the European Medical Journals, of this new remedy, induced some of our physicians to send out during the past year, and obtain a supply, for the purpose of testing its effects.

The result was so far satisfactory, that many others wished to introduce it in their practice, and the English supply being exhausted, I found it necessary to prepare it myself, which I did, according to the formula of Mr. Greenish, of London, as specified in the U. S. Dispensatory, under the article on Ferri Phosphati. A paper in the American Medical Gazette, for January, also brought it more generally before the profession here, and it appears to be attracting much attention wherever it is heard of. Hitherto the precipitated phosphate of iron has been but little employed, owing to its repulsive color; but when, as at present, it is dissolved in an excess of phosphoric acid, and formed with sugar into a clear white syrup, as inviting to the eye as agreeable to the taste, there is reason to anticipate that its use will become very popular.

A careful and somewhat troublesome manipulation is requisite in the preparation of this syrup, in order to produce a perfect result.

There is a strong tendency to reaction between the sugar and the acid, which will sometimes cause a precipitation of the iron, sometimes a granulation of the sugar, and sometimes a partial decomposition of the latter, resulting in a reddish or brown color, more or less dark. Experience and care in regulating the heat only will prevent these accidents. When, however, once perfectly formed, there is no tendency to decomposition, as it is not affected by the atmosphere or by light, nor does it show any disposition to ferment. The variable quality of the phosphoric acid of the shops, is also a fact to be guarded against. Out of twenty-three parcels which I have examined, only four have proved to be of standard strength. That this is no unusual case, may be seen by comparing the following analyses, showing the proportions of Anhydrous acid and water in the specimens examined by four different authors:

	Rose.		Pelugat.		Dulong.		Berthol.
P.O ⁵ .	92.7—90.52	....	87.45	....	82.92	....	75
H.O.	7.3— 9.48	....	12.55	....	17.08	....	25

If the acid used is not of sufficient strength to dissolve the phosphate of iron immediately, it forms an insoluble white compound, probably the tribasic phosphate which cannot be made use of. On the other hand, an over excess of acid renders the resulting syrup disagreeably sour, and of course gives an uncertainty to the preparation which should not exist, besides increasing the likelihood of decomposition in the sugar. Each new parcel of acid should therefore be tested before use, to determine the exact amount required to neutralize a given quantity of the precipitate phosphate, before proceeding to make up any large amount.

It may not be amiss in this connection, to quote a few of the cases given under the authority of Greenish, as showing the peculiar class of diseases in which the super-phosphate of iron has been successfully administered in England.

“CASE 1.—A University student, very weak, emaciated, with loss of appetite, diarrhoea followed by obstinate constipation of frequent occurrence, palpitation of the heart, loss of memory, countenance sallow, frequent headache, which would continue for hours, and quite incapacitate him from mental exertion. The syrup of the super-phosphate of iron was prescribed three times a day. In about ten days he expressed himself to be an altered man; the headache had not recurred, his appetite improved, his strength was greatly increased—indeed, in about a month he was perfectly well, and was enabled to compete, and successfully so, for several prizes which in his former

state would have been quite impossible. He has continued well ever since.

"CASE 2.—A young lady had for some time suffered greatly from painful and defective menstruation; her general aspect was palid, with a marked green tinge. There was great pain and a sensation of sinking in the back, with copious leucorrhœal discharge, great headache, especially in the erect position or walking. For these reasons, she was unwilling to exert herself; she complained much of languor, and it was said by those acquainted with her, that of late she had become very dull of apprehension; she had no appetite, could not take animal food, and what she did take always laid heavy on her stomach; constipation was always more or less present, except when she took powerful purgatives, which very much weakened her. The syrup was prescribed in doses of a teaspoonful three times a day. In about a week she was much improved, and by the end of a month the menses recurred without pain, and in larger quantity than she had seen for weeks. From that time all her disagreeable symptoms had disappeared, and she has continued well ever since.

"CASE 3.—A young man, suffering from carious softening of one of the bones of the wrist, and who had been long under medical treatment, as a last resource was recommended to take the syrup of superphosphate of iron. He did so with the greatest success. The wrist was subsequently injured a second time in playing cricket, and the disease recurred; he was again ordered to take the syrup of the superphosphate of iron, and the disease was again arrested, and the use of the wrist completely restored in a short time.

"CASE 4.—A child, two years of age, was affected with weak ankles, and to such an extent that his walking powers were materially interfered with; his feet turned in and upon themselves continually. The syrup was suggested and tried, and in the course of a very short time the ankles appeared to have acquired much power, the child being enabled to walk perfectly, uprightly, and firmly upon them; the case, indeed, progressed to a perfect cure in about a month."

These cases tend to establish the truth of the theory, that the waste of *nervous energy* and *mental power* occurring in many diseased states of the system, arises from a deficiency of phosphorus and iron in the tissues of the brain and nerves, which this preparation is calculated to supply most promptly and adequately, presenting those substances, as it does, in a state of chemical combination most easily assimilated by the blood.

It is certainly known that iron and phosphorus are among the most important constituents of the body.

"The brain consists essentially of phosphoric acid and oil, and a due proportion of the first is necessary to the integrity of the mental functions. Iron exists in the blood as a phosphate, but *the digestive powers are sometimes so weakened that they cannot assimilate other preparations of iron, and convert them into the phosphate required.*" "In some cases of weakness the amount of the phosphates excreted is so much greater than that contained in the food taken, that *the phosphates of the living tissues are preyed upon for a supply*, especially the brain, the richest in phosphorus of all the organs. Hence madness, *loss of memory*, and various other disorders of the mental organization.

"As in tubercular disease the fatty tissues are preyed upon, and cod-liver oil, and other highly carbonized substances, have proved useful in supplying the waste, so there are cases where the super-phosphate of iron may act in a similar manner, by giving directly to the system the amount of phosphorus and iron necessary to prevent any injurious over-drain, and allowing time for recuperation by the natural forces."

The proportions of the syrup used in the above case, as of that prepared by myself, are *forty grains* of the phosphate of iron to each fluid ounce of syrup. This gives the full dose of five grains of phosphate to the teaspoonful, or fluid drachm. Its effects, as I have been informed by several of the physicians who have already tried it, are remarkably prompt in this dose. For children it is sometimes diluted with two or three times its bulk of simple syrup flavored with orange-flower water, or with ginger or some agreeable fruit syrup. All the bitter and astringent tinctures and infusions unite with it without decomposition, so far as I have tried them, so that tincture of cinchona, rhatany, &c., may be prescribed with it in any desired proportion. Add to these facts that it does not injure the teeth or blacken the stools, and it presents advantages simply as an eligible mode so administering iron, apart from the theoretical claims adduced above, which must give it a high place.—*Am. Druggists' Circular.*

[From the Nashville Jour. of Med. & Surg.]

DR. DRAKE.

We copy the following from the pen of the late Dr. Drake for an object. It were strange indeed if we should do so *without* one. Since

the death of Dr. Drake, our own great men refer to him as the "illustrious," while British writers bestow upon him the title of the "American Hippocrates." The following letter from Cincinnati to his colleagues of Louisville, and intended for the pages of their journal, is not the effervescence of youth, but the product of a mind that had been maturing for sixty-two years. To those whose tender conscience and tenderer feet force them to shudder at allusions to practices among those whom the world insist upon calling physicians, and thus bring upon themselves suspicion that they have a species of reversionary interest in the respectability of irregularity, and who insist that it is not "dignified" to speak of these things, we beg to commend the following lucubrations of the chief of American Physicians:

CINCINNATI, Sept. 15, 1846..

* * * * *

QUACKERY.

The Queen City seems to have prostituted herself to the foul embraces of empiricism. Behold the gorgeous and glittering **TEMPLE OF QUACKERY**. On its dome there sports a gigantic black snake, fit emblem of cunning; and a silly coot (still fitter emblem of credulity,) is fluttering into the opening jaws of the wily facinator. Let us enter the upper halls of the mansion of imposture.

Turn to the east; there is the den of the "*Reformed Medical College of Ohio*," where doctors are manufactured out of the *raw* material (N. B. The wool may be either coarse or fine, black, white or gray: the rolls warranted equally good and of the same size.) Now turn to the west; there is the den of the rival "*Eclectic Medical Institute*," whose lathe can *turn* dunces into doctors, and not destroy the natural grain of the wood! The worthies who labor in these precious establishments agree in one thing only, that of slandering the regular profession; beyond this, they show their impartiality by vilifying, that is, telling the truth on each other. I am meditating a plan by which to give a new impulse to their honorable emulation. It is my good fortune to possess the only copy, in America, of a rare book of 1200 pages, published in London, in 1693, under the following comprehensive title:

"Sepiasium: the Complete English Physician; or, the Druggist's Shop opened. Explicating all the particulars of which medicines at this day are composed and made. Showing their various names and natures, their several virtues, preparations, uses and doses, as they are applicable to the whole art of physic, and containing about six hundred chemical pro-

cesses. A work of exceeding use to all sorts of men, of what quality or profession soever; the like not hitherto extant. In ten books. BY WILLIAM SALMON, Professor of Physic, near Holburn Bridge, London. Multa multuraque."

Now, the possession of this scarce and extraordinary work, by either the Reformed College or the Eclectic Institute, would at once establish its supremacy over the other; and I hereby offer it as a premium to the one which can in the shortest time transform a hostler into a doctor; the prize to be adjudged by a committee of *gentlemen*.

Let us descend to an other floor of the temple. Here, in an out-of-the-way corner, is the STEAMERY. But how deserted! Its fires are smouldering, and the distillery of "No. 6" dribbles only *guttatim*; and yet the supply is equal to the demand. Compelling a sick girl to drink a quart of lobelia and then a gill of the tincture of red pepper in a single night, while lying surrounded with ears of boiled corn, and winding up in the morning with a dose of No. 3," is no longer the fashion: such methods of curing an inflammation of the brain or stomach are now condemned by the Court of Empiricism; and it has been discovered that a very different plan should be pursued. Let us enter the magazine where the new munitions are elaborated. But hold! We can't get in! It's a mere closet, with tiny boxes, and pills of the size of a millet seed at the end of a dry summer. A millionth of a grain of the extract of aconitum napellus in each box. A tenth of the ten millionth of a drop of the juice of atropa belladonna in that little vial. One pill in the morning, and one drop of the solution at night! No more steam polypharmacy! No more drenching, stuffing, and pistoning with herbs and roots. *That* was all very *vulgar*—*this* is very *refined*: suited to the character and constitutions of ladies and gentlemen—the learned and intellectual—above all, to the convenience of clergymen and pious ladies—whose pocket magazines will enable them to dispense to the poor, and to such of the rich as may be ashamed to visit the temple of quackery. Thus will the blessings of HOMŒOPATHY, like honey dew, fall equally on the leaves of the towering yellow poplar—*softest* of trees, and the humble elder—*greenest* of shrubs.

But let us pass on to another kennel. Its walls and ceiling and floor are wet and cold; but don't feel afraid to enter. You may have pleurisy, or rheumatism, or consumption; but "never mind"—sit down and receive the cold douche, or lie down and wrap yourself in the cold and dripping sheet. "Steam" and hot "chunks" *used* to be the *proper*

Preservative and Expectorant. "FEVER AND AGUE, CHILL FEVER, DUMB AGUE, INTERMITTENT AND REMITTENT FEVERS, AND ALL THE VARIOUS FORMS OF BILIOUS DISEASES SPEEDILY AND THOROUGHLY CURED, *by Dr. Osgood's Indian Cholagogue.*" "SALTER'S GINSENG PANACEA—*The great remedy for Coughs, Colds, Influenza, Bronchitis, Asthma, Consumption, Pain in the Side and Breast, and all other Affections of the Lungs.*" APPROVED BY THE FACULTY OF THREE CONTINENTS." Reference to twenty-seven gentlemen and ladies in Cincinnati, including "DR. DRAKE."

But what means the sign over that retired and central cell? A quill from the wing of a crow—cunningest and blackest of birds! Let us peep through the key-hole. Ah! there sits the scholar of all the subterranean kennels. See how nimbly his fingers move, and look at the sibylline leaves as they fall from his pen—infallible boluses—dulcified panaceas—tasteless catholicons—warranted specifics—renowned, restorative regenerators—reproducers of teeth in old age—universal resuscitators from every kind of apparent death! All attested and dignified by the names of eminent physicians and surgeons, now in their graves—Hunter, Cullen, Buchan, Wistar and Rush. And look at the blank certificates, ready to be filled up with spurious or forged names, by the manufacturers in the surrounding kennels! A discount to those who purchase by the ream; and no additional charge for filling up, to those inventors who do not know how to read and write.

Such, gentlemen, is a hasty sketch of the Temple of Quackery, which graces the Queen City. If its priests who minister at its altar are many, its votaries "may be called legion." They are no longer the uneducated and vulgar, but contrariwise, the cultivated, affluent and refined. In the midst of the attendance of well-qualified and respectable physicians, both gentlemen and ladies have the nostrums of quacks smuggled into their apartments. Invalids have their carriages stopped half a square from the door of an empiric, and sneak to it on foot, least some one (who is perhaps at the same time under the care of another quack) should chance to see them. Many, however, have grown quite shameless, and avow their preference of empiricism over science. Its harvest is undoubtedly very great; for those who follow it grow rich, while many deserving physicians "live but from hand to mouth;" and others, too proud to grapple with knaves and impostors for the patronage of an *enlightened* community, are retiring to the country, and intend to give up physic for farming.

When I began this epistle I thought of some other matters on which I might say a little, but as you are undoubtedly tired, and "so am I," they will be kept back for another letter, till when,

I remain your obedient servant,

DANIEL DRAKE.

[From the Boston Medical and Surgical Journal.]

Punctures in a Case of Anasarca and Ascites, the Finale of Tuberculous Consumption.

By EDWARD JENNER COXE, M.D., Visiting Physician, Charity Hospital, New Orleans.

After a protracted illness of more than two years, in which most of the truly distressing symptoms of consumption were present, there supervened, toward the apparent close of the disease, symptoms of dropsy, of the inferior extremities first, and subsequently of the abdomen. The prominent symptoms, during the course of the disease, were—excessive cough, perulent expectoration, diarrhoea, night sweats, loss of appetite, and great prostration of strength, with emaciation. All of the physical signs common to the last stage of tuberculous consumption were clearly defined, although the constitutional signs were so evidently marked that it was scarcely necessary to resort to them for confirmation. To give an idea of the almost utter hopelessness of the case, I will state the condition in which he was at my first visit, some sixteen months since, and his remarks upon my entering his room. Constant cough, great emaciation, an uncontrollable diarrhoea, total loss of appetite, inability to sleep, with profuse night sweats. Added to these, was his first salutation, that he had not sent for me in the hope, or belief, that I could do him any permanent good, but solely to try and afford him some relief or comfort during the short time he felt he had to live. . The prospect of being able to afford relief appeared small, and was rendered still more so by the absence of hope, one of the most deplorable conditions to which a patient in any disease can be reduced.

Notwithstanding such an unfavorable beginning, by the blessing of Providence I was enabled to convince him that possibly there were means to be used by which his present condition might be ameliorated. The various remedies employed, I was happy to find, did produce the desired effect, so that in conjunction with appropriate nourishment and drink, his general condition gradually improved. Without fatiguing

by a detailed statement of the different remedies employed, principally of a tonic character, it will be sufficient to state that the diarrhoea was arrested, the cough decreased, the appetite improved, the night sweats lessened and disappeared, and that finally, after many weeks, he was so far improved that he conceived, and carried out, the idea of taking a trip to Rio de Janeiro, or Buenos Ayres, in the hope that, now being partially re-established, the sea air might perfect that which the remedies, or course pursued, had begun. Although I could not advise the voyage, I did not object to it, and upon his sailing, he was provided with full directions for his guidance, not forgetting such remedies as might be required, and a good supply of proper articles of diet and drink. Certainly, I could not entertain a hope of ever seeing my patient again; how great, then, was my surprise when, at the end of about five months, I found a message from him on my slate, I being out of town, stating that he had improved, and was in one of the Western States, on his way home. That was supposed to be the last I should hear of him, but in the month of November I was again surprised upon receiving a message to call on him. I found him decidedly improved, as far as the ability to move about was concerned. There were no night sweats, his appetite and digestion were good, and the bowels in good order. His diet consisted of every article which he found to agree. For many weeks he continued in the same condition, the cough and expectoration being frequent, and of a purulent character; these, together with the physical signs, demonstrating the disease to have been merely kept at bay. Until the last few weeks, he had been able to walk and ride daily; more than once he went to the theatre, and did other things which I could not approve of, but which could not be prevented. About this time symptoms of anasarca showed themselves, and finally those of ascites were developed, and gradually increased, until he was forced to keep his room. For some time the cough had been more frequent, the expectoration more copious, and all of the symptoms were most unfavorable, particularly, as notwithstanding the quantity of food and drinks taken and digested, his general strength and flesh were daily wasting. This condition, in my opinion, was justly to be attributed to the direct, though secret, influence of the tuberculous diathesis. The effusion into the limbs and abdomen now daily increased, to the extent of causing want of sleep, difficulty of respiration, and general discomfort day and night. For several days, I had suggested that possibly a few punctures in the lower part of the limbs might afford temporary relief, and at last he

requested them to be made, the abdomen and legs having become very distended and tense. I made six punctures in each limb, not very deep, with a thumb lancet, when the serum at once began to flow quite freely. Upon making my visit the next day, how great was my surprise to find that all the fluid had vanished from the abdomen and every part of the limbs, with the exception of that part of the feet above the puncture, the heels resting on the pillow. The friends observed that, for some time after my departure, the fluid escaped in a continuous stream, and they judged that not less than four gallons had run off; and when I remembered the great size of the parts from which it had escaped, I really think that quantity was below the true amount. During the night a feeling of sinking, or great prostration, was complained of, requiring the use of a considerable amount of brandy. For several days there was a constant oozing of serum, which was being secreted during the time, for, as soon as the flow ceased from the union of the punctures, there was observed a gradual increase of the swelling in the limbs, but not yet in the abdomen.

Obliged in several cases of anasarca, the result of different diseases, in the patients in my wards, to resort to punctures for the purpose of relief from distension, repeating the operation daily, with more numerous punctures, without in any one instance having more than a small quantity to ooze out, generally with advantage, there never having been any inconvenience resulting—I must confess that the result in this case, in less than twenty-four hours, did cause me great astonishment. It is possible that similar cases may have been witnessed by others: yet as an interesting fact, capable of causing inquiry as to the possibility and propriety of trying the same means for similar effects, in some cases of anasarca and ascites, from whatever cause, in my opinion this case is deserving of the notice of the profession. It is now more than two weeks since the operation, and several times there has been a necessity for repeating the punctures, to prevent the renewal of the enlargement of the limbs and consequent discomfort.

It affords me pleasure to state that the desired effect has resulted, the abdomen remaining perfectly free from fluid, and the accumulation in the limbs thus far prevented.

So satisfied has the patient been with the actual relief afforded, that he has several times requested a few punctures to be made, when otherwise I should not have considered it necessary.

The general condition of the patient continues, from day to day, much the same, while efforts are made to induce him to partake as freely

as possible of nourishment and brandy, and he is allowed to choose for himself what he prefers. Only such medicine is suggested as may be required to soothe the cough, and support, if not increase, his strength, for the sole reason that, while life exists, it belongs not to man to set any limit to the power of the Arbiter of life and death, nor to cease his exertions because the case may seem to be hopeless.

The main object of these remarks having been accomplished, it is deemed needless, or at least of no practical value, to continue the history of the case.

TREATMENT OF NÆVUS BY VACCINATION.

In a recent clinical lecture M. NÉLATON observed, that to reap the benefit of this excellent means of treating nœvus, it is indispensable that certain precautions should be observed in putting it into force, the neglect of which has often been the cause of the failures practitioners have complained of. Thus if we vaccinate with the point of a lancet, scarcely does the instrument penetrate beneath the epidermis, when a considerable flow of blood takes place, which carries with it almost all the virus leaving the operation imperfect. To obviate this inconvenience, we should select the finest insect pins, and charging their points with virus taken directly from a child's arm, they should thrust into the nœvus, and allowed to remain there, the flow of blood being thus completely prevented. They should be implanted at short intervals, of half or one centimetre from each other. In a few minutes, when we believe that the tissue had become sufficiently impregnated by the virus, the pins should be withdrawn. The pustules undergo their ordinary development, each puncture becomes indurated and inflamed, and a vaccinal eruption covers all the tumor. The peculiarity in the action of the vaccine virus is, that it acts more deeply than most of the caustic modifying agents at our command. The action is propagated to the subcutaneous tumor, and we obtain a cure exempt from all the dangers attendant upon the application of caustics, and without the production of a cicatrix, which in many situations might prove of great inconvenience.

Another mode of vaccinating nœvus has been adopted by M. Nélaton in two instances. The first of these was an unvaccinated infant, sent to him by M. P. Dubois, on account of a subcutaneous erectile tumor in the parotid region. He passed in four needles transversely, traversing the tumor through and through, and then passed two vertical pins in the same manner. These six pins were left in for twenty-four

hours, and then replaced by threads. The six setons were left in for eight days, and then the vaccine virus was so applied as not to implicate the edges of the wound, which would have given rise to twelve vaccine pustules. The adjoining integuments were to this end protected by very minute fistula-lachrymalis canulas slid over each thread. The threads were then impregnated to a certain extent with the virus, and passed through the canulas into the depth of the erectile mass. At the end of four days there came on considerable inflammatory swelling, which lasted as long as the natural period of the vaccine evolution. The tumor then became very hard and compact, the vessels being obliterated. The cure remained permanent, no cicatrix resulting; one of the orifices had been inoculated, and a vaccine pustule was produced. With a little attention, even this slight inconvenience might have been avoided.

We may therefore state that vaccination is a valuable means of treating erectile tumors; but as it requires that the patients have not been previously vaccinated, it is always a good precaution before vaccinating an infant to inquire whether there is not some small erectile tumor in some part of its body.—*Med. Times and Gaz.*, Jan. 30, from *L'Union Médicale*, 1857, No. 63.

Removal of the Leg of a Child aged two years and a half

Perhaps the most interesting feature of this case is the period at which the limb was amputated, the child being a little over two and half years of age. Very rarely has amputation been found necessary at this time of life, unless from some grave accident. The child, a patient of Mr. COULSON'S, at St. Mary's Hospital, was the subject of scrofulous disease of the knee, which was lined with a false membrane, and an opening existed in the tibia, which extended downwards into the shaft. The disease was too extensive to admit of excision, and Mr. Coulson resorted to amputation; and when we last saw the little fellow he was going on well. A circumstance, however, transpired about this child's history which had been kept concealed by the mother until after the operation, namely, that the child had had four epileptic convulsions eight months ago, which were followed by hemiplegia of the unamputated side. The child has now (Jan. 20th) a discharge from both ears, with some redness about the mouth, and is rather restless at night. The paralysis was not noticed before the operation, from the fact of the child never having walked, nor even sat up.

[*The Boston Medical and Surgical Journal* continues to agitate the subject of consultation with Homœopaths, and we transcribe from its last number two brief articles, as indicating the sense of the profession, as concurring with the views we have had occasion to reiterate in the GAZETTE. The *mercenary* argument is the only one which cannot be overthrown, while there are men among us, old or young, who are indifferent to self-respect, and persist in regarding *money* as the "chief end of man."]

[Communicated for the Boston Medical and Surgical Journal.]

My Reasons for not Consulting with Homœopathists.

MESSRS. EDITORS—I have been in the practice of medicine and surgery for a goodly number of years, and have had repeated opportunity for consulting with Homœopathists, but have always declined. I could not compromise the dignity of a scientific profession so far as to give countenance to, or become part and parcel with, an individual so bewildered in his reasoning faculties as to believe, with all his heart, in the "*Similia Similibus*," the infinitesimal doses, and the causes of all chronic diseases, as declared by Hahnemann.

A man in Ohio, called Doctor, and at the same time a Free-Will Baptist preacher, who is said to preach a pretty good sermon, believes in the efficacy of the fresh blood of a black chicken for the cure of varicose veins and ulcers. Another, calling himself Doctor, and patronized by one of the richest men in this city, lays down certain apothegms, some of which are the following: "Every joint produces a different fever. There are different colors to the different fevers from the different joints. Every man has a hundred and ten joints; and every woman has a hundred and ninety-nine joints. The fever will go out of the joints into the stomach by taking cold. Then separate the fevers, destroying whatever is to be destroyed. For headache, give whiskey and vinegar. For pain all over, wash all over with whiskey and vinegar, then grease with castor oil. If much pain, take a tablespoonful of saltpetre and four ounces of castor oil."

The dogmas of Hahnemann, the black chicken, and the hundred and ninety-nine joints in a woman, are all on a par for truthfulness and common sense. Shall I give the right hand of fellowship to the believers in such trashy imaginings and paradoxes, and trust the hazards of a sick patient and my own reputation to their skill and love of justice? The attending physician has an advantage over the one employed in consultation. He can bring, by suggestions, the patient

and friends to regard my perscriptions as of doubtful utility, or as positively injurious, explaining the untoward symptoms, should any arise after the consultation, by a reference to the change that has been made in the treatment. This he has a strong temptation to do, when he has not the least faith in regular medicine, his mind clinging to his own absurdities and mystifications. Can I trust such a one to carry out my views in the management of any other case in the sick chamber? If he is an unbeliever in Hahnemann, and at the same time calls himself his follower, the case is a very plain one—he is dishonest, and not to be trusted with the sick nor with my reputation. He is not to be bolstered up by a high-minded, truth-loving and scientific physician, in his Janus-faced character. If by any means he is a member of a State Medical Society, the case is not altered for the better, except that I am screened from the liability to be disciplined by the society.

To attend a case in surgery, while the Homœopath or Thomsonian is giving doses by the mouth, I have declined, well knowing that a great deal often depends on suitable medication and diet. These matters I have considered as my duty to take charge of myself. I have always cherished a regard for the rights of the younger members of the regular profession, who, well-educated, hard-working, and looking forward to a position of usefulness and respectability, alone have just claims to my countenance and support.

Cincinnati, April 22d, 1858.

GALEN.

CONSULTATION WITH HOMŒOPATHISTS.

MESSRS. EDITORS—The following reply to “Senex” on “Consultation with Homœopathists,” was written before the appearance of the article signed “Junior” in your issue of April 29th. We send it to you, as, while arriving at the same result, it views the subject from a different point from that assumed by “Junior.” Like the latter, we recognize in Senex the Hippocrates of this region and generation; and offer our remarks in the character of a disciple who is, as yet, unconvinced. Here are our reasons:

We assume that every person possessed of a competent medical education, and endowed with common sense, *knows* that while some of the tenets of Homœopathy are unfounded, others are *absurd*—as absurd as the proposition that “two times two make five.” Unlike, then, the theories of Brown and Rush, these absurd propositions are

not matters of *opinion*, any more than any simple mathematical proposition is a matter of opinion. An individual who gravely states that a grain of any drug has less potency than a decillionth of that grain, belongs to one of two well-known classes of people. He either believes or disbelieves what he asserts. If he disbelieves, he is an arrant knave. If he believes, his credulity is the result either of ignorance of the subject—and then he is a knave, for professing himself conversant with it; or of deficiency in sense—and then he is not a safe person to direct the management of the sick. This is no *petitio principii*. Because the question is not between homœopathists and those stigmatized by them as allopathists, but is a discussion between scientific physicians *inter se*.

There is, then, no blinking the matter. A true physican who consults with a homœopathist extends the hand of fellowship to one whom he has reason to believe either insincere, or else unsafe to have the “care” of the sick, whether he confine himself to infinitesimals, or tamper with prussic acid in heavy doses. To say that one has occasion to consult with physicans whose position is quite regular, but who are no better than the former, is a severe sentence upon such regulars, and on their examining committees; but is not, we submit, a valid excuse for consulting with the first-mentioned persons.

Now, which course is the more just, and also humane—for the physician, when asked to consult with the homœopathist, to refuse to do so, and thus throw upon the patient, or his friends, the responsibility of choosing between quackery and scientific medicine (and in most cases they would choose the latter;) or to join hands with the questionable practitioner by the bedside, and give him advice in the ante-room, which he may or may not be willing to follow—and, if willing, may or may not be able to carry out? In the latter case, the quack goes forth *endorsed*, and the sick are encouraged to trust themselves to the men who sweeten them with sugar of milk. In the former case, the true men would have clean hands, whatever might befall.

Nay, Messrs. Editors, if those whom we are accustomed to consider the lights of the profession had always refused consultation with, and countenance of, practitioners of homœopathy, this, “the best trick of the century,” would, in this community, have died a natural death much sooner than it is now destined to do, and the Massachusetts Medical Society would have stood in a much more dignified position than at present.

DISCIPULUS.

EDITOR'S TABLE.

N. Y. ACADEMY OF MEDICINE.

The last meeting of this body was signalized only by a paper of Dr. Dalton, on the Anatomy of the Placenta, and a somewhat ludicrous discussion upon Swilled Milk. This last was introduced by Dr. Gardiner, who offered a series of resolutions, committing the Academy to the conflict now waging between the Board of Health and distillery slops, as the feed of the *cows* which are furnishing the supplies of milk to our citizens; the animals being kept stabled for the purpose, and kept in milking condition with the refuse swill from the whiskey manufactories which abound here.

The resolutions were urged by Drs. Francis, Griscom, and others, on the ground that very great mischief resulted to the public health, and especially to the children of our population, by swilled milk, increasing our already fearful mortality of infancy to an appalling figure. Dr. John Watson, Dr. Dalton, and others spoke ardently in opposition, alleging that the resolutions were hyperbolical in their language, and hypothetical in their facts, or at all events not proven by scientific analysis to an extent justifying so grave action by the Academy.

It is very probable that the facts may be overstated, though they fall far short of the report on this subject by Dr. Gardiner, which was long since published by the Academy, and against which no exaggeration was urged by any of these savans.

Perhaps some of them have been looking into this subject since, and if so, its importance would seem to call for a committee from the Academy to investigate it, anew, instead of laying the matter on the table, and thus evading the issue.

We confess to some curiosity to hear from the *physiologists* in the opposition, whether the *milk* drawn from cows which are kept in stables, without *air* or *exercise*, or *water* or *grass* the year round, until gangrene sloughs their caudal appendages, and their hoofs as well, can be a wholesome nutritious food for the young. But if this class of *a priori* reasoning be rejected, how do they account for the *a posteriora* evidence furnished in the mortality by marasmus, &c., of such multitudes of children who perish while fed on such milk?

Our own views are thus expressed in our Report on Infant Mortality to the American Medical Association, and published in Vol. X of the Transactions for 1857, viz :

" Infant mortality, in large cities, in a great multitude of examples, which no man can number, is caused by the impure and adulterated milk, and other unwholesome articles of food, which are among the necessities of life. Our profession has ever and anon sought to arouse public attention to this important subject, but in vain. Distilleries in or near large cities would be an intolerable nuisance and curse, apart from the mischiefs of their manufacture of alcoholic drinks, in view of the single fact, that wherever they exist, their slops will furnish the cheapest food for cows, the milk from which is more pernicious and fatal to infant health and life than alcohol itself to adults; poisoning the very fountains of life. So long as distilleries are tolerated in cities, cow stables will be their appendages, and the milk, fraught with sickness and death, will still perpetuate mortality, especially among the children of the poor. All the artificial adulterations of milk, as by water or chalk, &c., are harmless, nay laudable, compared with the poisonous supply obtained from the cows fed on distillery slops, for to this poison chemistry itself affords no antidote, since it defies all analysis or synthesis, a poison sui generis, utterly destructive both of health and life."

If either of the parties can find a flaw in the above facts or ratiocination, we shall welcome such criticism. Our hope still is that the philanthropic work of overthrowing the whole fabric of Distilleries and Swilled Milk in our city may be consummated by *Frank Leslie's Illustrated Magazine*, the pictures of which are enough to breed a revolution, and are more truthful and potent than all the "scientific" disquisitions of the savans of the Academy. Drs. Griscom and Gardiner are clearly right in this instance, and with the veteran Dr. Francis to sustain them, we predict the overthrow of this abominable nuisance. We still believe that if pure milk could be universally furnished, our bills of infant mortality would be vastly diminished. In this instance common sense is in advance of "science, falsely so called."

O, Consistency! thou art a Jewel!

The following is from the *Boston Medical and Surgical Journal*, which has been doing what in it lies to bring about "Consultations with Homœopathists." The complaint comes with a bad grace from *that* source. If "conjoint service" in hospitals and colleges with the sect are to be tolerated, and even "*consultations*" with Globulists are

to be deemed reputable, we cannot for the life of us see why the Governor of a State should recognize any distinction between these gentry and the profession, when the Medical Journals are themselves willing to ignore the line of demarcation which has hitherto separated physicians from Homœopaths by a "great gulf." We regard the appointments here complained of as only the "first fruits" of the treason to the profession, into which certain of our brethren of the medical press have been beguiled, and which they will "regret" when it is too late, for revolutions never go backward. If Homœopaths are to be recognized in "consultation" there is no good reason why they should not go into the hospitals as Residents, nor why they should not be appointed coroners in Massachusetts, or elsewhere.

"A HOMŒOPATHIC CORONER."

"We notice in the daily papers that two medical gentlemen have lately been appointed by the Governor and Council of this State to the office of coroner. There is no question as to the fitness of physicians for the duties of this office; in our estimation, no others should be selected for duties which so eminently require for their successful performance a knowledge of medicine; but we understand that one of the new incumbents is a Homœopathic practitioner—that is, one whose practice is founded upon an exclusive dogma. Homœopathic practitioners are recognized by the profession throughout the world as unworthy of confidence. Is such a practitioner worthy of the responsible office of coroner? Are the interests, perhaps the lives, of the community to be intrusted to the keeping of one who is treacherous to his own profession? The Executive of this State has already incurred the odium of the profession, and the indignation of the community, by the appointment of a similar practitioner to the superintendence of a large hospital. What has the medical profession done to deserve these insults? If this sort of thing is to continue, if our coroners and the physicians of our insane asylums and other public institutions are to consist of men whose only merit is that they are successful politicians, but who may be notoriously incompetent as medical practitioners, Massachusetts will soon lose her well-earned reputation for the humane and successful treatment of the sick poor, and for the suppression of crime."

STATE MEDICAL SOCIETY OF PENNSYLVANIA.

Another screw loose among the Philadelphia Doctors! Our old friend Dr. La Roche under exercise of mind again! Drs. Hartshorne, Kennedy, and Thomas pitching into him! Row in the Philadelphia County Medical Society, culminating into a split! Another Memorial, Dr. La Roche its custodian! More impeachments of veracity, imputations of base motives, flat contradictions, beautiful harmony of Dr. La Roche's "popular sovereignty!" Resuscitation of the defunct Society to fight the County Society, which Dr. Jewell affirms in endless iteration, "represents the entire profession of Philadelphia!" Funny thing, these Medical Politics!

Some friend has favored us with a report of the delectable sayings and doings at the late meeting of the Pennsylvania State Medical Society, but we can only find room for the following precious morcean, in illustration of the caption prefixed in italics :

Dr. La Roche presented a document, which was read, and gave rise to a somewhat protracted and animated discussion, the basis of the whole matter being that prolific topic, the Philadelphia doctors. It was a memorial from members of the old "Philadelphia Medical Society"—one of the oldest in the country, but which was supposed to have been defunct for some years—asking for such a modification in the representation to the State Society, as would admit delegates from the City Society on an equality with the County Society. Dr. La Roche favored the memorial, and argued that it would advance the interests of the profession in Philadelphia, and of the State Society, to admit the old City Society in the representation, as contemplated in the resolutions appended to the memorial.

Dr. Hartshorne opposed the adoption of the resolutions, contending that there was no good reason for such a radical change in the representation of the State Society, nor was there any necessity for two societies in Philadelphia. The County Medical Society was formed under the provisions of the State constitution, and all were there invited to come into the organization, and can still do so. He moved the indefinite postponement of the whole matter.

Dr. La Roche urged the adoption of the resolutions, and referred to some of the difficulties existing in the profession in Philadelphia. There are many who would like to come into the State Society, who will not join the County Society, but would become active members of the Philadelphia Society. In this way he thought both the efficiency and harmony of the profession in the city would be greatly promoted.

Dr. Carson favored the object of the memorial, and thought a little rivalry would do no harm. The County Society did not show much energy, in sending on six or seven delegates here to-day, with a membership of 200, and entitled to 40 delegates.

Dr. Kennedy expressed his surprise to learn that the old Philadelphia Medical Society had come to life, and he assured the convention that the adoption of the resolution appended to the memorial would be *throwing a firebrand among the profession in Philadelphia*. He knew it. The movement did not originate through any love to the County or State Society, but is a measure of disorganization, on the details of which it was not necessary to enlarge.

Dr. La Roche said the gentleman ought to have enlarged in his details, as all he said was *mere assertion—all incorrect*. He (Dr. La R.) knew all about the motives of the movers in this matter, he himself being one of the first and most active.

Dr. Kennedy replied, that he did not question the sincerity of Dr. La Roche's motives; but *he* does know that the secret of the movement lies in the *disappointed ambition of gentlemen* actively associated with him in this sudden resuscitation of the defunct Society. They were disappointed in *not getting certain offices in the County Society!* and seek this plan to build up another, and elevate themselves at its expense.

Dr. La Roche *denied it emphatically*. Although he might be said to have been turned out of office *himself!* such was not the motive of this movement.

Dr. Thomas, after giving a history of the clause in the constitution, which had been twice amended with reference to meet the difficulties of the Philadelphia representation, suggested that it was a little singular that the gentlemen apparently most deeply interested always tried to have this question settled *away from home*. This looks bad—as if the Philadelphia doctors are not capable of managing their own affairs. It had been sprung upon us here as it had been upon the session at Pottsville. He was for fair play—both sides must have a full hearing—and he would therefore move to amend the motion of Dr. Hartshorne, so as to postpone the whole matter until the next annual session. In the meantime the matter could be freely discussed at home.

Dr. Hartshorne declined accepting the amendment.

Dr. La Roche made a speech on "popular sovereignty," the point of which was that it was nobody's particular business *how* the Phila-

Philadelphia Medical Society was revived. Its recognition on this floor will prevent many from *leaving the County Society*.

Dr Carpenter, of Lancaster, here stepped in with the olive branch. He suggested that as there were but six or seven delegates here, out of forty to which the Philadelphia County Society is entitled, that body may be too large and unwieldy. Small bodies work more freely and energetically. Both parties here had rights, and should be heard. He therefore gave notice of his intention to offer, at the proper time, an amendment to the constitution, providing for the formation of an additional Society for every 200,000 population—no person to be a member of *more than one* at the same time—and the organizations to be numbered by seniority.

Dr. Hartshorne accepted Dr. Thomas' amendment, which was carried.

Dr. Carpenter then offered his amendment to the constitution, which, under the rule, lies over one year.

ANOTHER JOURNAL.

The Maine Medical and Surgical Reporter is the title of this new monthly, conducted by Drs. Richardson and Cummings, of Portland, the first number of which is highly creditable. We accept its proffered exchange with pleasure.

DEATH IN OUR RANKS.

Dr. L. G. Robinson, of Detroit, one of the editors of the *Medical Journal* of that city, has lately deceased, and is justly lamented, both in and out of the profession.

NEW MEDICAL SCHOOLS

continue to multiply, and we learn that there will henceforth be four in the State of Tennessee. An additional college is already organized at Nashville, in which Prof. May, of Washington, will take the chair of Surgery; while still another has been founded at Knoxville, both of which it is said will open with the approaching session. The school at Memphis, and the present successful college at Nashville, will of course survive this rivalry. Go ahead, gentlemen professors, increase and multiply; albeit, we fear for some of you, that you will, like too many of your compeers, "lecture for nothing, and find yourselves." *Experientia docet.*

Statistics of American Medical Colleges, for 1857-8.

With corrections and additions.

	Students.	Graduates.
Jefferson Medical College.....	501	209
University of Pennsylvania.....	435	145
University of New York.....		127
University of Nashville.....	353	109
University of Louisiana.....	276	68
University of South Carolina.....	216	83
Pennsylvania Medical College.....	140	35
New Orleans School of Medicine.....	126	33
St. Louis Medical College.....	125	49
Rush Medical College.....	100	36
Castleton Medical College, 2 sessions...	94	34
University of Virginia.....	88	
Cleveland Medical College.....	78	25
Philadelphia College of Medicine.....	63	18
Medical College of Virginia.....	60	
University of Georgia.....		61
N. Y. College of Physicians and Surgeons.		53
Ohio Medical College.....		43
New York Medical College.....		33
University of Michigan.....		27
Missouri Medical College.....		25
Philadelphia College of Medicine.....		18
Harvard University.....		16
Transylvania University.....		12
Kentucky School of Medicine.....		11
Oglethorpe Medical College.....	37	11
Starling Medical College.....		10
University of Buffalo.....		9
Yale Medical College.....		6
Memphis Medical College.....		19

PROFESSORIAL CHANGES.

We regret to hear of the resignation of Prof. J. B. Flint, the eminent teacher of Surgery in the University of Louisville. Prof. Palmer succeeds him by transfer, which will leave two vacancies, Anatomy and Obstetrics, both of which will doubtless be supplied in time for the ensuing session of this prosperous school.

Insanity from Table-turning and Spirit-rapping.—The *Gazette des Hôpitaux* states that there are in the Zurich Lunatic Asylum twenty-five persons who have lost their reason through table-turning and spirit-rapping.

THE L. I. COLLEGE HOSPITAL,

at Brooklyn, was inaugurated by a public ceremonial, dinner, toasts, and speeches on the third of June. Our profession in New York was represented by Drs. Francis and Wood, who were among the guests, and by a letter of congratulation from Dr. Mott. The Catholic and liberal basis of the new Institution was happily illustrated, by the conjoint participation in the ceremonies by the Most Rev. Archbishop Hughes, Rev. Dr. Storrs, Rev. Dr. Milburn, Rev. Dr. Farley, and others, representing the different denominations. We renew our best wishes for the success of this new institution of charity.

Sigma Gamma.—The literary exercises of the Sigma Gamma Fraternity of the Medical Department of the University of New York, took place on Wednesday evening, June 16th. Chancellor Ferris opened the exercises with prayer. Mr. S. Smith, of Georgia, read an essay on Homœopathy. He attacked the system in a vigorous manner, and defended an article in the Constitution of the Fraternity, denying membership to believers in Hahnemann's doctrines. Mr. D. B. St. John Roosa, of New York, delivered an oration on the duty of the medical student to be a citizen of the world. Dr. A. C. Post, Professor in the University, next addressed the Society, after which the meeting adjourned.

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AMERICAN MEDICAL GAZETTE ADVERTISER.

ALBANY MEDICAL COLLEGE.

Two full Courses of Lectures are delivered annually. The Fall Course commences on the first Tuesday in September, and the Spring Course on the third Tuesday in February. Each Course continuing sixteen weeks. Degrees are conferred at the close of each term.

ALDEN MARCH, M. D., Professor of Surgery.
JAMES MCNATUGHTON, M. D., Prof. of the Theory and Practice of Medicine.
JAMES H. ARMY, M. D., Professor of Anatomy.
THOMAS HUN, M. D., Prof. of the Institutes of Medicine.

AMOS DEAN, Esq., Prof. of Med. Jurisprudence.
HOWARD TOWNSEND, M. D., Prof. of Materia Medica.
CHARLES H. PORTER, M. D., Prof. of Chemistry and Pharmacy.
J. V. P. QUACKENBUSH, M. D., Prof. of Obstetrics.

Fees for a single course, \$60; for two courses paid in advance, \$100. Matriculation fee, \$5. Graduation fee, \$20.

Material for dissection abundant, and furnished to students on the same terms as in New York and Philadelphia. Hospital Tickets free. Opportunities for Clinical instruction are believed to be equal to those afforded by any College in the country. Price of Board from \$2.50 to \$3.50 per week.

JOHN V. P. QUACKENBUSH, Registrar.

UNIVERSITY OF NASHVILLE.

Medical Department.—Session 1857-58.—The Seventh Annual Course of Lectures in the Institution will commence on Monday, the 2d of November next, and continue till the first of the ensuing March.

THOMAS R. JENNINGS, M. D., Professor of Anatomy.
J. BEKKIES LINDSEY, M. D., Chemistry and Pharmacy.
C. K. WINSTON, M. D., Materia Medica and Medical Jurisprudence.
A. H. BUCHANAN, M. D., Surgical Anatomy and Physiology.

JOHN M. WATSON, M. D., Obstetrics and the Diseases of Women and Children.
PAUL F. EVE, M. D., Prof. of Prin. and Prac. of Surgery.
W. K. ROWLING, M. D., Institutes and Practice of Medicine.
WILLIAM T. BRIGGS, M. D., Adjunct Professor and Demonstrator of Anatomy.

The Anatomical rooms will be opened for students on the first Monday of October, (the 5th.) A Preliminary Course of Lectures, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

The Tennessee State Hospital, under the direction of the Faculty, is open to the Class free of charge.

A Clinic has been established, in connection with the University, at which operations are performed and cases prescribed for and lectured upon in the presence of the class.

Amount of Fees for Lectures is \$165. Matriculation Fee (paid once only,) \$5, Practical Anatomy, \$10, Graduation fee, \$25.

Good boarding can be procured for \$3 to \$4 per week. For further information or Catalogue, apply to

PAUL F. EVE, M. D.,

NASHVILLE, TENN., July 16, 1857.

Dean of the Faculty.

CASTLETON MEDICAL COLLEGE.

There are two full Courses of Lectures annually in Castleton Medical College. The **SPRING SESSION** commencing on the last Thursday in February, the **AUTUMNAL SESSION** on the first Thursday in August. Each Course will continue four months. Degrees are conferred at the close of each term.

WM. P. SKYMOUR, M. D., Prof. of Materia Medica and Therapeutics.
WILLIAM SWENNER, M. D., Prof. of Theory and Practice of Medicine.
E. R. SANBORN, M. D., Prof. of Surgery.
WM. C. KITTRIDGE, A. M., Prof. of Med. Jurispr.

CORYDON LA FORD, M. D., Prof. of Anatomy.
T. D. BRADFORD, M. D., Prof. of Phys. & Pathol.
GEORGE HADLEY, M. D., Prof. of Chemistry and Natural History.
ABRIAN T. WOODWARD, M. D., Prof. of Obstetrics.

FEES.—For Lectures, \$50, for those who have attended two Courses at other Colleges, \$10; Matriculation, \$5, Graduation, \$15, Board from \$2.00 to \$2.50 per week.

A. T. WOODWARD, M.D., Registrar

CASTLETON, VT., June, 1856.

ATLANTA MEDICAL COLLEGE.

The Fourth Course of Lectures in this Institution will commence on the first MONDAY in MAY next, and continue four months.

FACULTY:

H. W. BROWN, M.D., Prof. of Anatomy.
JOHN W. JONES, M.D., Prof. of Principles and Practice of Medicine.
W. F. WESTMORELAND, M.D., Prof. of Principles and Practice of Surgery.
THOS. S. POWELL, M.D., Prof. of Obstetrics and Diseases of Women and Children.

ALEXANDER MEANS, M.D., Prof. of Chemistry and Pharmacy.
JOSEPH P. LOGAN, M.D., Prof. of Physiology and General Pathology.
J. G. WESTMORELAND, M.D., Prof. of Materia Medica and Medical Jurisprudence.
T. C. H. WILSON, M.D., Demonstrator of Anat.

FEES.—For the Course of Lectures, \$105; Matriculation, (once only,) \$5.00; Dissecting Ticket, (taken once,) \$10.00; Graduation, \$25.00.

The increased facilities in the Departments of Anatomy, Surgery and Chemistry, afforded by ample and well-adapted rooms in the new College Building, make these branches of study much more entertaining than heretofore.

The Dissecting Room, situated in the upper story of the building, and furnished with sky-light, will be opened and supplied with sound and inoffensive subjects by the 15th of April.

Good board can be had in the city at \$3.00 to \$4.00 per week.

For further information, address

J. G. WESTMORELAND, Dean.

ATLANTA, Geo., Feb. 8, 1858.

Contributions to Operative Surgery & Surgical Pathology,

By J. M. CARNOCHAN,

Professor of Surgery in the New York Medical College, Surgeon-in-chief to the State Hospital, &c.

This work will be published in a series of Numbers, to be issued quarterly. Each Number, of quarto size, will contain from Forty to Sixty Pages of Letter-press, printed on the best paper, with Illustrations of the Cases drawn from nature; will be complete in the topics it embraces; and will be published in the following order:

No. 1.

Case of Amputation of the Entire Lower Jaw. Remarks on Amputation of the Lower Jaw. Elephantiasis Arabum successfully treated by Ligature of the Femoral Artery, with cases.

No. 2.

Case of Exsection of the Entire Ulna. Remarks on Neuralgia, with Three Cases successfully treated by Exsection of the Second Branch of the Fifth Pair of Nerves, beyond the Ganglion of Meckel.

No. 3.

Case of Restoration of the Entire Upper Lip. Remarks on the Pathology of Congenital Dislocations of the Hip Joint, with Illustrations.

No. 4.

Case of Exsection of the Entire Radius. Case of Exsection of the Three Lower Fourths of the same Bone. Remarks on Osteo-aneurism, with a Case.

No. 5.

Case of Amputation at the Shoulder Joint for the Removal of a large Osteo-fibro-Cancerous Tumor of the Humerus, with Remarks on Amputation at this Joint. Case of Penetrating Gun-shot Wound of the Heart.

No. 6.

Case of Double Congenital Dislocation of the Hip Joint. Remarks on Double Capital Operations, with Cases. Remarks on the Comparative Merits of the Partial Amputations of the Foot. Remarks on Amputation through the Ankle Joint.

No. 7.

Successful removal of a large Fibro-cartilaginous Tumor, growing from the Sixth and Seventh Ribs, over the Region of the Heart. Remarks on the Treatment of Varicose Veins of the Lower Extremities, with Cases. Remarks on the

Creation of an Artificial Joint upon the Lower Jaw, in case of complete Anchylosis at the Temporo-maxillary Articulation of One Side.

No. 8.

Remarks on the Operation of Double Complicated Hare Lip, with Cases. Remarks on the Etiology of Congenital Dislocations of the Hip Joint. Remarks on the Removal of the First Dressings after Capital Amputations.

No. 9.

Case of Eneysted Sanguineous Tumor of the Neck successfully removed, with Remarks on such Formations. Remarks on the Purulent Ophthalmia of large and crowded Institutions. Case of Vesico-vaginal Fistula and Stricture of the Vagina, with Formation of Two Large Urinary Calculi in the Vagina, behind the Stricture—Spontaneous Cure of the Fistula.

No. 10.

Two Cases of Amputation at the Hip Joint. Remarks on the Anatomy of Femoral Hernia. Case of Epilepsy treated by Tracheotomy, and wearing of a Tracheal Tube, with Remarks. Remarks on the Restoration of the Entire Lower Lip, with Cases. Cases of Amaurosis treated with the Pomade de Gondret on the Sinciput.

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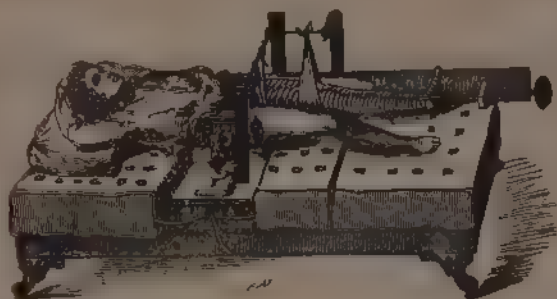
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For further particulars see Transactions American Medical Association, Vol. X, and New York Journal of Medicine, May, 1887, or address as above.

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Leptandrin, do
Populin, do
Proto-iodide of iron, do
Sanguinarin, do
Quevenne's iron, (reduced
by hydrogen), do
Salacin, do
Scutellarin, do
Stillingin, do
Sulphate of quinine, do
Valerianate of quinine, do
Xanthoxylin, do
Ext. Aconite, do
" Apocynum Cannab., do
" Conium, do
" Cannabis Indica, do
" Hyoscyamus, do
" Hellebore, (Black) do
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AMERICAN MEDICAL GAZETTE.

Vol. IX.

AUGUST, 1858.

No. 8.

BIBLIOGRAPHICAL NOTICES, &c.

At this season of the year but few new medical books reach us from the publishing houses, all of which seem to be availing themselves of the summer solstice for a respite and recreation. Our correspondents seem to be like minded; but we journalists are compelled to make brick without straw, for our punctuality weekly, monthly, or quarterly, as the case may be, is a punctilio not to be disregarded.

In the absence of anything better for the opening department of this number, we introduce to our readers a few new books, and the July numbers of some of the journals whose contents strike us as worthy of remark. It will, at all events, serve as light reading during the hot weather which is upon us, and may prove acceptable and useful. Moreover, we owe this courtesy to our exchanges, some of which we have neglected of late.

A **MANUAL OF PSYCHOLOGICAL MEDICINE**, containing the History, Nosology, Description, Statistics, Diagnosis, Pathology and Treatment of **INSANITY**, with an Appendix of Cases. By John Charles Bucknill, M.D., &c., London, and Daniel H. Take, M.D., &c. Philadelphia: Blanchard & Lea. 1858.

This is the most important professional publication of the present century. Its subject is one upon which we have no systematic treatise in the English language at all adequate to meet the wants of either practitioners or students; and yet it is a subject of vast and growing interest, the study and cultivation of which is the imperative duty of every practitioner. It is lamentable to concede, as we are obliged to

do, that in America we are almost without books or teachers in the department of Medical Psychology; this topic, including that of Insanity in its multiplied phases, being almost wholly ignored by our colleges and universities, to whom medical education among us is committed. And yet every physician is presumed and expected to understand and to treat insanity, though he has never heard a lecture on the subject, or it may be, never seen a book imparting the necessary knowledge, or visited an Asylum for the Insane for clinical instruction.

This humiliating neglect of so important a subject is wholly inexcusable, and will not be tolerated much longer by the profession of this country. It is not because we are without the men who are amply qualified as teachers in this department, nor that there is any lack of public and private institutions admirably adapted for clinical instruction. But no Professorship of Psychology has been provided in any of our schools, our present routine system of medical teaching leaving the student neither time nor opportunity to cultivate the knowledge of this invaluable department. Nor has there been founded in America any clinical teaching on the subject of insanity, notwithstanding the numerous asylums which philanthropy has provided in every part of our country, and the great number of their superintendents who have qualified, and even distinguished themselves as experts, admirably fitting them for clinical and practical teaching.

The appearance of this new and able work, emanating as it does from the conjoint learning and experience of two of the most eminent practical men of Great Britain, recognized everywhere as experts and savans in this department, cannot fail to inaugurate a new era among us.

Dr. Bucknill has long been the Superintendent of the Devon County Lunatic Asylum, which ranks deservedly in the public esteem as *primus inter pares*; and he is, moreover, well known as the editor of the *Asylum Journal of Mental Science*; while Dr. Tuke, beside his connection as medical officer with the ancient and successful "Retreat," of York, which has a world-wide reputation, is officiating as Lecturer on Psychological Medicine, with great popularity and usefulness. Hence they are probably the best informed and most experienced practical men in Europe for the preparation of such a work, and by a happy combination and division of their labors, this book has been the result. Dr. Tuke is the author of the first moiety of the volume, comprising the history, nosology, description and statistics of insanity; while the diagnosis, pathology and treatment are the work of Dr. Bucknill.

An appendix is added by the latter, reciting illustrative cases and referring to a plate of portraits exhibiting certain types of insanity, and furnishes the frontispiece of the work.

Our limits will not permit of any amplification, else we would gladly analyze the matter of the book, and illustrate by citations that our estimate is not an exaggerated one, when we pronounce it superior to any other work on the subjects of which it treats. The book of Prichard is phrenological throughout, a vice from which this work is free. The German writers are too diffuse and too metaphysical, not to say mystical, for practical utility; while the monographs of Winslow, Ray and others are only valuable for specialists.

Our only regret is, that the authors did not include in their plan the medico-legal aspects of the subject, although these will furnish the material for another volume, which is greatly needed now that increasing attention to the subject is invoked. In Germany, France, as well as England, and we hope in America, Medical Psychology is henceforth to become an integral part of the education of every physician. No medical appointment can now be secured from the India Board, without a knowledge of the nature and treatment of insanity, and it cannot be long before a similar requisition will be adopted by our Army and Navy Board, if not by our Medical Schools. In our late report on "Moral Insanity," for the American Medical Association, and which will appear in the forthcoming volume of the Transactions for 1858, our readers will find a plea in this behalf. Had this volume been accessible when that paper was written, we would gladly have availed ourselves of its authority and teachings, which we find strongly corroborative of the independent views we have there taken in relation to moral insanity, upon which subject the opinions of its authors are soundly conservative, both in morals and law. The American publishers merit thanks and patronage for their timely and early issue of this beautiful volume.

A PRACTICAL TREATISE ON THE CAUSES, SYMPTOMS, AND TREATMENT OF SPERMATORRHOEA. By M. Lallemand, of the University of Montpellier, &c. Translated and edited by Henry J. McDougall, of the Royal College of England, &c. Third American edition. To which is added the kindred work "on Diseases of the Vesiculæ Seminales, and their associated organs, with special reference to the Morbid Secretions of the Prostatic and Urethral Mucous Membrane. By Marris Wilson, M.D." Philadelphia: Blanchard & Lea. 1858.

The American publishers in bringing out a new edition of Lallemand have enriched it by superadding the kindred work of Dr. Wilson, including both in the same volume. Of the value of the former treatise it were superfluous to say anything, so well is it known and appreciated. And the latter is destined to equal reputation, the two together containing all that is known to the profession on this highly important subject, revolving as it does the physical and moral health of millions of the rising generation who are perennially subjected to medical care for this class of maladies.

It is in this field that the extortions and frauds of quackery, by specialists, have yielded such a harvest of wealth to charlatanism, and at the same time inflicted upon myriads of young men irreparable injury to the reproductive organs, primarily, by reason of ignorant mis-treatment and impotence; but ultimately involving the brain and nervous system in irreparable mischief, the other hand to body, body and mind. Physicians have been blame-worthy, not only in shunning these disagreeable cases because they are such, but by neglecting to qualify themselves for their rational and scientific management, whereby multitudes of very desirable cases have been thrown into the hands of quackery and plundered not of their money, their health and their life.

If such books as the one under notice were diligently studied by the rising generation of physicians, they might acquire a familiarity with the subject, and a skill and success in the treatment of such diseases which would rescue innumerable victims from the clutches of quacks who would find that "consumptive prone," a consummation devoutly to be wished.

N. Y. JOURNAL OF MEDICINE Edited by Dr. Stephen Smith.

Our ancient neighbor continues to improve, and we again offer our congratulations. The July number abounds in good articles. Dr. Isaac's surgical cases are well drawn up, and decidedly interesting. Dr. Smith's article on Testis has both novelty and merit. Dr. G. Sackler's letter from Paris is a model in its way rich in the variety of its facts and eminently suggestive. He is a young American, of whom New York may be proud. Dr. J. I. Smith reports post-mortem researches into Cholera Infantum, showing that he turns his theoretical opportunities to good account. Dr. F. T. Elliot communicates medical and obstetrical cases with singular accuracy of detail, albeit his account is not so good as that of the greater, &c. instead of
 telling you

he had confided in the lancet and calomel, until he had learned, as he will do when he is older, that *ptyalism* is the only cure for puerperal peritonitis, as many of his seniors are ever demonstrating. If he ever saw, heard, or read of a fatal case after the constitutional effects of mercury were secured, he will by reporting it prove himself a discoverer. His tables are singularly unfortunate for the brethren who rely upon the semi-narcotism and sedative practice to which he has given so fair a trial. He did not go so far with morphine as some others have done, seldom exceeding $\frac{1}{2}$ of a grain at a dose; nor in the aggregate did he approach the herculean use of this drug which has been given at Bellevue in a single day, yet the effects on the pulse and the result have told the story, and should deter him and others from these drugs, prompting them to seek some better way, for they cannot do worse. Still we honor the author of this paper for his candor and fidelity in reporting the cases, and predict for him a still higher reputation in his profession, when he escapes from the therapeutical errors of his teachers by unlearning their dogmas in the school of experience. Dr. Campbell's report on fractures, from Bellevue Hospital, is highly creditable, and Dr. S. Griswold's narrative of the blundering mischiefs of a coroner's inquest, wherein arsenical poisoning was covered up under the name of pleurisy, at the suggestion of a quack, is worthy of going down to posterity as a specimen of "Crownor's quest law."

In the Review department the Journal is just and discriminating, as also in the bibliographical notices. Its medical retrospect contains reports from the German Dispensary of New York, which promises to become a great institution.

We wish our neighbor all prosperity and a wide circulation.

AMERICAN MEDICAL MONTHLY, for July.

This Journal is well sustained by its editors, Drs. Parker, Douglas and Steiner. Its original articles, translations, reports of societies and hospitals, reviews, &c., are always interesting, and its editorials numerous and spicy. The last number contains Dr. Dalton's paper on the anatomy of the placenta entire. We chronicle its success with pleasure.

NEW HAMPSHIRE MEDICAL JOURNAL, edited by Dr. Hubbard,

Is still kept up with ability and spirit every month, and is the only periodical in that state. It is published at Manchester, N. H.

AMERICAN JOURNAL OF THE MEDICAL SCIENCES. July, 1858. Edited by Isaac Hays, M.D. Philadelphia: Blanchard & Lea.

This venerable quarterly continues to retain its ancient supremacy.

notwithstanding these days of rivalry in journalism, under the guidance of its able editor, who is favored with numerous correspondents and collaborators, whose industry enables him to issue each number laden with a variety of rich practical matter in every department, from every part of our country. In this respect he excels us all. Witness the fifteen original communications in the present number, of which three are from New York, viz:

1. Report of a case of inversion of the uterus successfully reduced after six months, with remarks on reduction in chronic inversion. This is an invaluable paper, skillfully elaborated by Professor J. P. White, M.D., of Buffalo, and is illustrated by four wood cuts.

2. Exsection of the lower four-fifths of the radius. By Professor Carnochan, of New York City, with a wood cut.

3. Contributions to the pathology of disease of the Encephalon. By F. D. Lente, M.D., of West Point. All the other memoirs and cases under this head are of practical value, and many of them possess novelty as well as merit.

A summary of the Transactions of the College of Physicians of Philadelphia, including reports of nine striking cases, comes next, and is followed by five elaborate reviews of new books, foreign and domestic, with eight bibliographical notices, all of which are just, and even generous. The quarterly summary of improvements and discoveries at home and abroad, including a domestic summary of American intelligence, conclude the number, which is richly worth a year's subscription. We congratulate the editor and publishers on their extensive patronage, which is merited.

NORTH AMERICAN MEDICO-CHIRURGICAL REVIEW, July, 1858. Edited by Professors Gross and Richardson. J. B. Lippincott & Co., Philadelphia.

This number abounds in variety, and will be more taking than any former one, since its critical department is becoming spicy; albeit we regret that so savage a dissection has been awarded to our neighbor, Dr. Sims, by some partizan of Dr. Bozeman, who, as we think, ought to have been allowed to seek some other vehicle for so censorious and personal an assault, betraying an animus unbecoming a reviewer. But waiving this "spot in the sun," we hugely like all the rest of this number, including the "cutting up" of Ricord, which he deserves, for having published more nonsense about his specialty than all other syphilographers put together.

We have here six analytical and critical reviews; four original com-

munications, and a report on practical surgery by Dr. Edward Harts-horne, all written with consummate ability and skill, showing that the editors have no lack of material, and may hence be sure of permanent support for their journal. A good article is good for fifty paying subscribers, as every journalist knows, and such are eagerly sought for, but too rarely found, as experience teaches some of us perennially.

The bi-monthly abstract by Dr. Fisher is replete with French, German, and Italian novelties, and the editor's table is unusually readable. The article on Homœopathic consultations is super-excellent.

We perceive that Dr. Richardson's removal to New Orleans will work no change in his relation to the Review, but Dr. Gross, Jr., will become assistant editor.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, for July, 1858.

The editor, Bennet Dowler, M.D., aided as he has always been by distinguished collaborators, continues to make his bi-monthly one of the most attractive in the country, as might be expected, in view of his ardor, industry, and scholarship. This number contains two surgical articles from Dr. Warren Stone, which will add new laurels to his brow; one by Dr. J. C. Nott, of Mobile, on the Natural History of Dogs, an admirable paper; and one from the inexhaustible Dr. Cartwright, on Epigenesis and Sterility, which, like everything from his pen, has both merit and novelty—a *rara avis* in these days.

The editorial contributions to the Hydrographical Thermology and Hygeine of the Mississippi River, is an elaborate paper of 40 pages, abounding with new material for suggestive thought, and is eminently practical and instructive. Dr. Pinckard on Cholera, and Dr. Jones' lectures on Yellow Fever, will be read with interest and profit, these papers having cost their authors much thought and labor.

The articles designated as the "Progress of Medicine" and Reviews, Editorials, &c., which make up this number, are all valuable and useful. The commendatory and discriminating criticism upon Appleton's new Cyclopædia will doubtless be very acceptable to both editors and publishers of that great work, for Dr. Dowler has no superior in our ranks as a medical scholar; nor is there any abler reviews in the country than his in this Journal. Hence we regard our files with fastidious partiality, recurring to them often with pleasure and instruction, upon every number of which Dr. Dowler has made indelible marks, by the versatility of his genius and the scholastic and vigorous style of his editorials.

SOUTHERN MEDICAL AND SURGICAL JOURNAL, for July.

Professor Henry F. Campbell is associated with his brother, Dr. Robert Campbell, in the issue of this Journal at Augusta, Geo., and which fully sustains its prestige, acquired by their predecessors. The senior has taken a high position among physiologists, by his researches into the nervous system, and the application of the knowledge thus acquired to pathology; and the contributions of his brother to practical medicine, one of which graces this number, exhibit an ardor in the cultivation of science which proves him to be a kindred spirit. To the twain may be fitly appropriated the title *par nobile fratrum*.

We regard it as one of our most welcome exchanges, and rejoice in its merited success. A paper in this number from Professor Jones, recently appointed to succeed Dr. Means in the chair of Chemistry in Augusta College, proves that he is not a mere chemist, but a pathologist and therapist as well, and will doubtless teach *medical chemistry*, and thus honor the Augusta College.

OHIO MEDICAL AND SURGICAL JOURNAL, July, 1858. Edited by Drs. Dawson and Hamilton, Professors in Starling Medical College, Columbus, Ohio.

This bi-monthly has always held a highly reputable rank among our periodicals, and its morale is never in fault. The new arrangement of editorial service will doubtless extend its popularity and usefulness. Dr. H. has an excellent surgical paper in this number. The reviews are brief but well-considered, and the selections, editorials, &c., are always practical. We perceive by the circular that the Starling Medical College is prospering, and prepared to keep up the standard of medical education.

THE CINCINNATI LANCET AND OBSERVER, for July, contains five original articles of great value to practical men, and its reviews as well as its editorials attest the industry and skill by which the present editors maintain the proud position so long held by this Journal, which was never better than now. Dr. Mendenhall is aided by Drs. Murphy and Stevens.

THE PENINSULAR AND INDEPENDENT MEDICAL JOURNAL, for July, continues to be well conducted by Drs. Palmer, Gunn, and Stearns. It is published at Detroit, Mich., and has many contributors, whose articles are practical and useful. The senior editor distinguished himself by writing the Report on Medical Literature for the present year, no less than by reading it at Washington. He is an able and versatile

writer, and does good service to the profession, in his Journal not merely, but in his chair at the University of Michigan. His associate editors are valuable auxiliaries, and the Peninsular is destined to success and usefulness.

THE MEDICAL CHRONICLE, for July. This Journal is published at Montreal, C. W., by Drs. Wright and MacCallum, with signal ability and independence. It devotes itself to clinical medicine beyond any of our journals in the States, and each number is rich in original and practical matter of a high order. Its reviews are able and impartial, and its editorials manly and critical. We regard it as among our best exchanges.

THE NEW ORLEANS MEDICAL NEWS has failed to reach our table for six months, as also the MONTHLY STETHOSCOPE, of Richmond. There are several other of our exchanges for July, from which we have not heard. Any omissions to notice them in this connection will, therefore, not be misunderstood, as it has been our purpose to extend courteous recognition to all.

BELMONT MEDICAL JOURNAL.

This is the gem of periodicals, published at Bridgeport, Ohio. The June number contains 16 pages, 18mo, and costs 50 cents per annum. It discusses hygiene, and is intended for popular as well as professional reading. Drs. Affleck and McConahey are its editors, who thus pitch into the quacks and their dupes:

Quackery.—We once knew a good old man, a member of the Presbyterian Church, and a native of the Emerald Isle, who was peculiarly gifted. He could see and converse with the spirits of any departed ones he chose; he frequently met the devil *in propria persona*, and always defeated him. He narrated his peculiar powers to us in good faith. We asked him why it was he possessed powers superior to men in general: was it a divine gift, or was it necromancy? He said it was neither, and it was no merit of his; but that he had been born with a caul or veil upon his face, and this was the secret of the whole matter. We asked him to see some of his displays: he said he had lately lost the power of seeing such sights, which, to him, was a great grief, as he wished particularly to fight the devil. We inquired why he had lost his power: he said his mother, in order to preserve so precious a memento of her son, had transformed it into a covering for a pin cushion, and by pricking holes in it the charm was lost. *These things ought to be carefully preserved as amulets to a world unborn.* Now we have in our midst a celebrated man, who sees equally strange

sights; we have not learned under what peculiar circumstances he was born, but presume it was with a caul. He has been called to see a case to-day, and pronounces it catarrhal fever; to-morrow it is called pneumonia; the third day it is called remittent bilious fever; the next day a rash appears—it is called scarlatina. *Mysterious changes!* œdema, with hurried and difficult breathing, ensues; it is now called organic disease of the heart. But this he calls disease in a simple form; has treated many cases of it, and has never lost a patient. He tells them he possesses a singular remedy that but few medical men know anything about, and which he principally discovered himself, that completely remodels and reinstates the heart, and renders this disease simple as phlegmon on the leg. This remedy is *veratrum viride*, which will bring the pulse from one hundred and fifty to forty-five per minute, without danger of collapse. And where such an agent is wielded with judgment the heart cannot remain diseased, as it is freed from organic exertion, and has nothing to do but rest and get well. This, fellow members, is no fiction; it is a fact, and, strange to tell, an *intelligent* community believes it. This, gentlemen, is a specimen of the competition we have to meet. But why blame community when respectable men in the profession will meet the same notorious man, see and know, but conceal his sins, *and for what?* For sake of the paltry fee of a counsellor. So long as this is the case, why complain for want of legal protection in our profession, or why ask for medical reform? If we will not reform ourselves, who do we expect will do it for us? It is all cant hypocrisy, to talk of reform. If we will only resolve to reform one member of the profession, soon all will be reformed, and let that one be ourself. Gentlemen, science is truth immaculate, but it is too often bartered for *trash*.

CHARLESTON MEDICAL JOURNAL AND REVIEW, for July, 1858.

Dr. J. Dickson Bruns is now sole editor, and sustains the high character which the Journal has long held. This number opens with a graphic portrait of Prof. C. D. Meigs, of Philadelphia, which is so life-like that it seems to introduce one into the personal presence of the "old man eloquent," who is deservedly esteemed as the ablest teacher of obstetrics in the country. A portrait of Prof. Dunglison is promised for the next number, which will be much sought after. This is a good feature in this journal, and must add to its popularity, albeit it savors of patronage to Jefferson Medical College, and may engender jealousy. The original papers, reviews, &c., are all excellent, and the number throughout a good one. We copy the following, which we

regard as teaching a very different lesson than that indicated by the comments. The last sentence in italics tells the story:

A Homœopath in a Paris Hospital.—Some of the Medical Journalists in this country have expressed great surprise at the position assumed by a distinguished contributor to our pages, in regard to the contemplated appointment of Homœopaths to hospitals at Chicago, Ann Arbor, New York, &c., as attending physicians, in common with those of orthodox views. The medical staff of these hospitals were called on to refuse such association, and resign their posts at once if it was pressed upon them. Our contributor took the bold, wise and tenable position, that such an act would be an evasion of the proposed contest, and that there was nothing derogatory in the "conjoint service," which was perfectly "safe and honorable," provided it did not imply consultation, and absolutely avoided an interchange of patients. To exhibit the feeling of our English brethren upon this delicate question, the very strong case was cited, in illustration, of the present medical staff in the University of Edinburgh, where we find Prof. Henderson a champion of Homœopathy, occupying a chair with Simpson, Bennett, Laycock, and Christison as his colleagues.

To show equally the temper of the French in regard to this matter, we quote from a letter lately received from Dr. E. Brown-Séquard, the following extract. Speaking of the interest with which he had followed the above-mentioned controversy, our correspondent says: "In one of the principal hospitals of Paris (Beaujon, I think,) there is a Homœopathic physician, Dr. Tessier, a man of great learning and talent, who entered there after a successful *concours*, when he was an Allopath. His colleagues have tried to have him expelled, but they have failed—and they *have continued to fulfil their duties at the hospital, without having any intercourse with the Homœopath.*"

THE NASHVILLE JOURNAL OF MEDICINE AND SURGERY, for July.

This number abounds in good matter, as usual, but the senior editor's trip to Washington, with many of its striking incidents, is related with a facetiousness of humor which rivals the "autocrat of the breakfast table," in its palpable hits at folly as it flies. The Atlantic will have to look out for its laurels, if its laureate confines himself to prose! The defence of Dr. Campbell, of Georgia, in his claims to priority for his "discovery of the excito-secretory nerves," against our old friend, Dr. Paine, and called forth by Dr. Lee's article in a late number of the GAZETTE, is, we guess, also written by Dr. B., who has exhausted the subject, unless our correspondent should think otherwise. We

have kept out of that controversy, while honoring Dr. Campbell, whose merits are safe with such a champion as our Nashville confrere, who holds a sharp pen, and uses it *con amore*.

We copy the following notice of Dr. Christison's lecture in Edinburgh, because it refers to a subject interesting to many of our readers, in view of the projected Inebriate Asylum, about to be erected at Binghamton, N. Y.:

Last night a highly interesting and largely attended conversazione took place at the College of Surgeons, attended by the principal medical men and members of the legal profession in the city and vicinity. Professor Christison delivered a very able address on the Relations of Habitual Intemperance to the Civil Law. Describing the leading phenomena of Oinomania, or the temporary insanity arising from drinking, in their various stages, from the inordinate craving for intoxicating liquors, to the enfeebled mind, and *delirium tremens*, sometimes going on into a persistent monomania, and finally blending with ordinary insanity, the lecturer cited some remarkable cases, in which, during the paroxysm, the passion for drink became so imperious as completely to lay aside for the time men of the highest mental acquirements and capacity for business, who during the intervals were perfectly able to superintend their own affairs. Such cases present a serious obstacle to the law's interposition. Considering the disturbance of the mind arising from excess in the use of liquor, there are many modes in which they affect the civil rights and social relations of the persons using them to excess. Without some change in the law, or at least a modification of it in regard to the management of the affairs and persons of drunkards, the medical man could not subject them to the proper control necessary to effect a cure. At present the treatment is voluntary. When the fit is on they are excellent patients, but when passed they demand their liberty, and "return to their vomit again." When the disease passes into monomania, with permanent delusions, there is no question that the patient should be sent to an asylum, and his affairs managed by a curator. But in moderate forms of brief intoxication the interference of the law must of course be deprecated, and yet such "moderate forms" are the mere symptoms of the inward malady and craving, and the prelude to further changes. Then there is a large class of habitual drunkards, many of them with *delirium tremens*, some having but a moderate degree of blindness of mind or *lunatic delirium*. The law should provide new means of restraint.

material difficulty in the way; for the gradually developed necessities of the case have supplied a remedy, though a partial one. In Scotland medical men have adopted a system of treatment applied to those who consent to submit to it, and which succeeds remarkably well; all that is wanted is, that legislation should make it compulsory at the instance of the nearest of kin.

The system required is a system of compulsory residence in a country district, out of the reach of spirituous liquors, full liberty being allowed to the residents, except that they are compelled to return at meal times and at a certain hour in the evening. A voluntary institution of this kind, Dr. C. gave a very minute and beautiful description of. It is situated in the Isle of Skye, one of the wild western islands of our coast, in a sloping valley about a mile from the sea, which is here grandly precipitous and rocky, within a moderate walking distance of Loch Coruskin and Sligenchan, in a country abounding with every facility for the pursuits of fishing, shooting, sketching, or the study of Botany and Natural History; there being but one whiskey dealer in the neighborhood, he twelve miles distant, and under a solemn promise not to sell any liquor to the residents of Strathaird. All that is needed is a law enabling relatives to compel residence in such a place. According to a paper of Serratore, (read at Moscow in 1817, and the ablest investigation ever made on the subject,) entitled "*De Ebriositate continua et intermittente*," when the disease ceases to be controllable by religious and moral considerations, when it enervates the mind by continued indulgence, and when it threatens injury or ruin to one's family or affairs, or both, it ought to be regarded as insanity, and treated as such.

Dr. C. suggested the following measures for its treatment: That the nearest relative should have the power to send such an individual, under the certificate of two medical men and a sheriff's warrant, not to a lunatic asylum, but to such a sanatorium as the one described in Skye; that these sanatoria should be under the jurisdiction of the county sheriffs, who, along with the commissioners of lunacy, should visit them; that no patient, except for special reasons satisfactory to the sheriff, should leave under six months, and that the proprietor should have the power of punishing any severe breach of the fundamental rules of the institution with confinement to the room for a week. It would not be necessary to entirely deprive the patient of the management of his affairs, but he should be allowed to conduct them only in the advice of another party.

Such was the substance of Dr. Christison's able address, one which I have felt pleasure in reporting, as the subject is one of such vast importance in our own community. Lord Cowan proposed, and Lord Ardmillan seconded, a vote of thanks to the Doctor, whose essay I hear will probably be published in the Edinburgh Journal.

FORMULÆ for making Tinctures, Infusions, Syrups, Wines, Mixtures, Pills, &c., simple and compound, from the Fluid and Solid Extracts, prepared at the Laboratory of Tilden & Co., New Lebanon, New York. 1858.

This is a useful and convenient volume, published by Tilden & Co., abounding in practical information in a department in which very many physicians are not adequately informed. The pharmaceutical details here given will be invaluable to practitioners in the interior of the country, and especially to those who have learned to prize the solid and fluid extracts prepared by these gentlemen, which we continue to find reliable and efficient; thus corroborating the evidence heretofore given by our most eminent physicians touching the care and accuracy by which all the preparations of the Tildens are distinguished. The formulæ appended to this volume have been judiciously selected, and greatly enhance the value of the book. It is an octavo volume of 150 pages, with full indexes, and we advise our readers to procure it, of the authors or of Mr. Peek, 98 John Street, N. Y.

SELECTIONS.

MONUMENT TO THE LATE DR. KELLY.

A unique monument in memory of the late Dr. William Kelly, of the Blackwell's Island Hospital, may be seen at the marble yard of C. J. Inslee, on the corner of the Bowery and Third Street. Dr. Kelly, it will be remembered, was lost in the same gale which destroyed the steamer *San Francisco*. He was born in the town of Charlton, Saratoga County, prepared for College at Schenectady, and subsequently entered Union College, where he graduated in 1841. After graduation he was appointed Fellow in that institution, and in 1845 took charge of the Union College Grammar School, in connection with Mr. David H. Crittenden, of this city, now so closely identified with the educational interests of the state. At the same time he began the study of Medicine with Dr. A. M. Vedder, and in 1848 took the degree of Doctor in Medicine at the venerable College of Physi-

cians and Surgeons, and was appointed Assistant Physician to Bellevue Hospital. He was soon after placed in charge of the Institutions on Blackwell's Island, where he secured the confidence of the Board of Governors, the esteem of the profession, and the love of all who knew him.

The entire height of the monument is 16 feet. It consists of a Corinthian column of Italian marble, 13 feet high, standing upon a cubic base of the same material, and separated from it by a narrow plinth. The shaft seems riven by a thunder bolt, from the capital nearly to the base, while from the centre rises a delicate cross in full relief. The interpretation of this design is plain. The very shock which in an instant converted the fair fabric into a ruin, disclosed also, deeply implanted in its substance, the ground and the emblem of the Christian's hope. The cross alone stands secure; amid desolation and ruin and death it still extends its friendly arms, and beckons lost man beneath its shadow. The panels of the base are inscribed as follows; on the first :

WILLIAM KELLY, M. D.,

Late Physician-in-Chief of the Blackwell's Island Hospitals, New York City;

Who sailed for Havre in the ship *Constitution*, and was lost off

Cape Hatteras, December 29, 1853.

Ætat. XXXIII.

On the second :

— "THE BELOVED PHYSICIAN."

On the third :

"JESUS SAITH UNTO HER, THY BROTHER SHALL RISE AGAIN."

On the remaining panel an elaborate bas-relief represents a ship foundering at sea, struggling with the waves against destruction, while through the lowering clouds a single star looks down upon the waste of waters, and sends a faint ray of hope to the sinking ship. The first and fourth panels tell a truthful tale to the most casual observer; the second, that to those unfortunates for whom the world has so little charity, but to whom he devoted the best years of his hospital service, he was indeed "The Beloved Physician." The third affords consolation to those whom he has left behind.

It was designed by Dr. J. N. Otis, well known for many years as Surgeon of the United States Mail Steamship *Illinois*, but more recently of the *Moses Taylor*. Dr. O. was an intimate friend and hospital associate of Dr. Kelly. The successful execution of the work is due to Mr. C. J. Inslee. The monument will remain standing in the yard of Mr. Inslee for two weeks, after which it will be removed to Utica, to be erected as a cenotaph.

in its new position by a suture. You see I now form the plug, push the needle along my finger, through the canal and integuments, fasten the thread, withdraw the needle, then make a second puncture, cut off the thread and remove the needle. The result of this suture is just what you would expect—union of the opposed surfaces of the sac at one point. This slight union would appear likely to give way before very slight force, and this proved to be the case, for relapses were extremely common after operations were performed in this manner. A more perfect closure of the canal than can be obtained by Gerdy's operation being evidently desirable, various plans were devised for effecting this closure. One of the simplest is that of Schuh, of Vienna, who used the thread of Gerdy for drawing up and holding in the inguinal canal, as I now show you, a sort of wick of cotton of sufficient size to fill the canal. The pressure of this, however, is not sufficiently firm or uniform.

Here is an instrument contrived by Leroy d'Etiolles. It is a metallic cylinder and a cover, which can be so screwed together as to press the invaginated scrotum and abdominal parietes together. If this could be fastened tight enough to prevent its slipping out without injuring the compressed skin it might be a useful instrument, but it cannot. Here is another, something like the common American clothes-peg. It was contrived by Max Langenbeck, and has been used by him with success, but it was purposely left so long applied that sloughing of the compressed parts followed, and it was to the subsequent granulation that Langenbeck looked for closure of the ring. The process requires long confinement to bed, so that you see we want some much milder process than that. This Wutzer has afforded us. Here is his instrument, made by his own maker in Bonn, the one I used in my early operations.

The cylinder, which is intended to take the place of the index finger after it has pushed a plug of scrotum through the ring into the canal, is made of very hard wood of different lengths and diameters, according to the condition of the canal in each case. In its centre is a canal through which an elastic steel needle passes, and comes out in the upper surface near the point. Over this a concave cover, also of hard wood, is made rather wider than the cylinder, with an opening to admit the point of the needle, and another opening for a metallic staff, which rises from the cylinder near the handle, on which a screw works, by which the cylinder and cover can be screwed together. The handle of the needle can be removed by unscrewing.

After using these instruments of Wutzer's I soon found certain alterations desirable. The needle got rusty, caused undue irritation at the point of puncture, and became unfit for use again. This was soon obviated by electro-plating it. Then the necessity for varying the size of the cylinder in each case was troublesome and expensive. I obviated this, though imperfectly, by rolling strips of adhesive plaster round the cylinder until I made it as large as I desired. But this led to irregular pressure, and in Mr. Stretton's case caused a little sloughing, which, though it did no harm, might as well have been avoided. The cylinder, too, was too round for the normal shape of the canal. The point of the needle had to be guarded by a piece of cork, which would perversely be knocked off sometimes; and worse than all, there was nothing to prevent the needle itself from slipping back—the only thing keeping cylinder and cover in their place.

I had thought of different plans for correcting these faults, but not of anything so good as those for which we are indebted to Professor Rothmann. Here is his instrument. It is made, as you see, precisely on the same principle as that of Wutzer, and at first sight resembles it exactly in appearance, but the cylinder is oval, not round; the needle is not steel but silver, with a movable steel point, and there is a knob which can be screwed on after the point is removed, and at the handle there is a spring which is an effectual safeguard against the needle slipping from its place. Lastly, in order to admit of the same cylinder serving for the occlusion of canals of various dimensions, it is so made that side pieces of different sizes can be fitted on to the central portion of the cylinder. I have here covers of different sizes, and you see that by altering the side pieces I can make the cylinder quite as large as one needle could fix well. In cases of very large rings and canals it is necessary to have the central piece perforated for two, or even for three needles, but I shall use to-day this one with the single needle, as that which you would employ in the great majority of cases.

Now see what power this instrument gives us. We can alter the dimensions of the cylinder so that while perfectly filling the canal it may push the plug of the invaginated scrotum before it well up the internal ring, and even project some little distance into the abdomen. We can fix the plug much more securely and evenly than by a suture, or either of the other compressing instruments, and we have complete command over the degree of pressure exercised.

Now for the manner of using the instrument. I need hardly say that the patient's bowels should be opened a day or two before the

operation, and the rectum cleared the same day by an enema of warm water; the bladder is emptied, and of course the hernia returned if it be down. This being done, you place the patient on his back, with the shoulders raised, the thighs semi-flexed, and the knees separated, just as if you are about to reduce a hernia by the taxis. You place yourself, as I do now, on the side you are about to operate on.

If you can use right and left hand equally well, you may use the left forefinger for invaginating on the left side, and the right to hold the instrument—the reverse for the right side. But the left finger will do for invaginating on either side very well. You see I operate on the left side—so I stand on the left side of the patient. I place my left forefinger here on the scrotum, about an inch below the external ring, and then push a fold of the scrotum before my finger with a little rotary movement slowly and steadily into the canal, keeping the palmar surface of the finger turned forwards and a little outwards, until it is well under the tendon of the external oblique, and the plug of scrotum is well pressed up to, or through, the internal ring. If you place one forefinger on the abdomen, just over the internal ring, while the other is in the canal beneath the tendon of the external oblique, you will feel the tendon very distinctly. As you move the finger backwards and forwards it rolls over the tendon. You should accustom yourselves to feel this, because it is the test by which you know and can be certain that you are well in the canal, and when you have introduced the cylinder that it is in the canal, and has not slipped anterior to it. When you are quite sure that your finger is in the canal, the next thing is to get the cylinder into the place of the finger, and then to fix it there by the needle. To do this you take the cylinder with the needle passed within it as far as you can without permitting the point to project, and hold it as I do now in the right hand with the thumb before the screw, the forefinger and second finger on either side of the prong which supports the cover, and the ring and little finger on the under side of the cylinder. Then bend the left forefinger a little, draw it forward, and slip the cylinder along its dorsal aspect at the same time as the finger itself is being withdrawn. This is the most important step of the whole operation, and the only step which is at all difficult. Without care the plug may follow the finger. Without care the cylinder, instead of slipping beneath the tendon of the external oblique, may slip between it and the integument. You must be very careful that this does not occur, by feeling as you felt when your finger was in the canal, that the tendon rolls over the cylinder. If you do not feel this, and if the cylinder moves freely

beneath the integument, you may be quite sure it is not in the canal, and you must begin again.

I wish particularly to guard against this mistake, because I *know* it has been made at least once, and I *suspect* oftener. If you feel the tendon rolling over the cylinder you may be quite sure it is in the canal, and the end well up to the internal ring. To fix it there I have only to push on the needle till its point appears through the abdominal parietes, then to put on the cover, and use the horizontal and perpendicular screws until the cover and cylinder are evenly pressed together. Then the point of the needle is unscrewed, the nob put on, the handle of the needle removed, and all is done. You leave the patient with the instrument secured thus.

The whole affair does not take a minute, and as the only part of it at all painful is the simple puncture of the needle, it is quite unnecessary to give chloroform.

Then as to the degree of pressure you apply with the screw upon the cover—it should be very slight the first day, to allow for a little swelling. The next day the screw may be tightened or loosened, according to the state of the skin. The patient should be kept in bed lying on his back, with the knees raised by a pillow, and the scrotum supported by a cushion or folded towel or two put between the legs. Every day the cover should be raised, to see whether the pressure is equal and not too great. If it does not press evenly a little cotton wool may be inserted, or if it press too much at any point this may be raised by a little cotton put near it.

About the fourth or fifth day you see a little inflammatory redness and swelling round the needle puncture, and commencing suppuration. On the sixth or seventh some serous fluid begins to escape round the end of the cylinder. This shows that the epidermis is separating. There is more purulent discharge from the puncture, and the instrument may then be taken away by withdrawing the needle and carefully removing the cylinder. You will find that the skin of the scrotum may be pulled tolerably hard without yielding at all, showing that pretty firm adhesion has taken place. If it appear to yield on pulling slightly, it would be well to replace the instrument for two or three days longer.

The after treatment will vary a little, according to your desire to produce adhesion of the opposed surfaces of the plug to each other or not. Wutzer filled the cavity left by the withdrawal of the cylinder with charpie, dressed the puncture simply, and then put on a common

method, we have a right to assume that a cure for hernia will also be discovered. Ask any one, not familiar with the history of surgery, which is the most difficult of execution, to obliterate a large opening in the abdominal walls, or to cut a stone from the bladder, and what answer would we expect? Yet the operation for stone is practised with increasing success everywhere, while we still offer no remedy for the simpler malady.

Again—hernia has been radically cured many times. We know precisely what the process is. We know, by observing the results of the operation for strangulated hernia, that in a large proportion of cases the inflammation following upon the operation results in an obliteration of the opening.

It is also found that inflammation in the neck of the hernial sac, no matter how produced, will result in a radical cure. Thus, a truss, by long-continued pressure on the inguinal ring and hernial sac, occasionally cures, and hence the attempt has been made to cause the desirable inflammation at this point by injections into the sac, an operation which, we regret to say, has been too much neglected. If we do not fear to throw the iodine solution into the pleura or pericardium, into ovarian cysts, or even into the peritoneal cavity, why should there be any hesitation in using the remedy for the radical cure of hernia?

The whole subject is full of interest to the profession and to the public. The frequency of this disease among the negro population renders the question one of importance in a money point of view. Not less than *one hundred and fifty thousand negroes* are afflicted with hernia.

A successful remedy for this affection would add *twenty millions* to the present value of this species of property, besides greatly increasing its productive force. Are we wrong then, in declaring that a successful and radical cure for hernia would be the highest achievement of surgery?

HEMORRHAGE IN EARLY PREGNANCY

Practically Considered.

By J. HENRY BENNET, M.D.,

Physician-Accoucheur to the Royal Free Hospital.

Hæmorrhage during the early stages of pregnancy is generally, if not always, a source of anxiety and doubt both to the patient and to the medical attendant. Of anxiety, because it is the constant forerunner of abortion; of doubt, because its repeated appearance, signalling irregular menstruation, often throws a doubt on the reality of the pregnancy.

Hæmorrhage occurring under these circumstances is still too exclusively considered by accoucheurs in connection with diseased conditions of the ovum and of its membranes. The important fact, that it is frequently the result of chronic inflammatory conditions of the body and neck of the uterus and of the cervical canal—a fact to which I

drew attention many years ago—is still generally ignored and overlooked; and yet the additional experience I have since acquired has completely confirmed the truth of the views I then brought forward.

Hæmorrhage may occur during early pregnancy, owing to the partial separation of the ovum from its uterine connections; owing to the existence of a blighted ovum or mole; or owing to the above-mentioned inflammatory conditions.

When the connection between the ovum and the uterus is modified, under the influence of the maternal, fœtal, or accidental causes, which are generally recognized as the causes of abortion, hæmorrhage is the usual result. In a case of this kind, if the cervix uteri is brought into view, it is found quite healthy, merely presenting the size and color that pertain to the stage of pregnancy which the patient has reached. The blood is seen gently oozing from the orifice of the cervical canal. These are the cases in which rest and constitutional treatment alone are required, and often succeed, especially when the hæmorrhage has followed some accidental cause. As long as the fœtus is alive, there is reason to hope that any mischief that may have occurred may be repaired, and hæmorrhage arrested, and the pregnancy saved. Moreover, as we cannot tell positively, at first, whether the fœtus has died or not, it is our duty to continue our efforts to preserve it, until the violence of the hæmorrhage has destroyed all hope, or until the abortion has actually taken place.

The hæmorrhage which is occasioned by the conditions that lead to abortion is, generally speaking, either subdued, or it continues, notwithstanding treatment, until the abortion has occurred. It may be arrested, and then break out again and again, but this is the exception. When uterine hæmorrhage occurs irregularly in the early months of pregnancy, the cervix uteri being free from inflammatory lesions, stopping and returning repeatedly, without uterine contractions, it is generally occasioned by the presence in the uterus of a blighted ovum or mole; and in some rare instances, by that of hydatids.

The fœtal germ may die soon after conception, and become atrophied, absorbed, or lost, whilst the membranes and placenta may continue to grow, like moss on a wall, deriving nourishment from the inner surface of the uterus, and forming an indistinct fleshy vascular mass. It is to intra-uterine masses of this description, the true origin of which was long unknown, that the term mole has been given. Their presence in the uterus, and progressive development, sometimes for many months, gives rise to many, if not most, of the symptoms of pregnancy, and is

attended, all but invariably, with repeated irregular hæmorrhage. Sometimes the hæmorrhage is constant; sometimes it is irregularly periodical, simulating morbid menstruation. When these symptoms are present, the state of the patient is necessarily one of doubt and uncertainty, until the mole is expelled. The morbid product to which the name of hydatids of the uterus has been given, is probably generated under the same circumstances, and its presence is attended with identically the same symptoms—viz., irregular, constantly recurring hæmorrhage, and the more or less perfect reproduction of the ordinary signs of pregnancy.

The above are the generally recognized causes and forms of hæmorrhage during the early stage of pregnancy, and with them we may group chronic inflammation of the body of the uterus. The cause to which I wish specially to draw attention viz., inflammatory lesions of the cervix uteri although overlooked as yet by most accoucheurs, is most certainly the one which is by far the most frequently met with in practice, and the one also over which we have the greatest therapeutical control.

Inflammation and ulceration of the mucous membrane covering the cervix uteri, and lining the cervical canal, is now generally admitted to be a lesion of frequent occurrence in child bearing women. Such being the case, and the presence of these morbid conditions, although a cause of sterility in some, not preventing pregnancy in many, the two conditions, pregnancy and inflammatory ulceration, must and do often exist. Whenever their co-existence takes place, occasional hæmorrhage, slight or severe, may be said to generally occur, and the more readily as all ulcerative lesions of the uterine neck assume in pregnancy a very irritable fungoid character. Thus hæmorrhage may occur spontaneously, or it may depend on accidental causes, such as over-exertion, manual intercourse, &c. It may be irregular or it may be periodical, simulating menstruation. In any case its existence is not so much, in most instances a danger, as a relief to the congested and inflamed uterus. The real danger is the existence of the inflammatory disease of the uterine cervix, which causes the hæmorrhage, and unfits the uterus for the functions which it is performing. The pressing therapeutical indication is to subside the uterine disease, to heal the ulcerated surfaces from which the blood so readily cozes, and thus to put an end to the danger which threatens the life of the fetus.

It will be perceived that we

deduced from what
precedes, for our guidance
pregnant female

is suddenly attacked with hæmorrhage in the early stages of her pregnancy, we are warranted in considering the hæmorrhage the forerunner of abortion, and we must treat it accordingly. The patient must be kept in the recumbent position, mineral acids and sedatives should be given internally, and laudanum injected per anum if there are uterine tormina or contractions present. Of course no examination should be made, as it might prove an additional source of irritation. If, however, the treatment resorted to, at first successful, subsequently fails, the hæmorrhage again appearing; or if even on the first attack there are decided antecedents of uterine suffering in the history of the patient, a careful instrumental examination of the uterus and of its cervix should be made as soon as possible. If no inflammatory lesions are discovered, we may prepare for the doubts and uncertainties connected with blighted ova; but if, on the contrary, inflammatory lesions are recognized, they should be at once treated and removed. In the latter case, we may hope that the hæmorrhage merely proceeds from the inflamed or ulcerated mucous surface, and that the integrity of the ovum and of its attachments to the uterus has not suffered. Generally speaking, in such cases, if the hæmorrhage has not been allowed to continue too long, the pregnancy is saved by the cure of the local disease. I may safely say that I have saved very many pregnancies by applying the above rules of practice, and that many children now alive and well owe their lives to the recognition of these important facts.

In some instances, where the cervix is diseased, inflamed, and ulcerated, and the blood is seen, on examination, to ooze from the ulcerative surface, the foetus is dead, and the ovum partly detached, when the examination is made; or these accidents occur before the practitioner has had time to modify the cervical inflammation. In such cases the treatment of the latter disease does not, of course, save the pregnancy. As, therefore, we never can be sure that the foetus is still sound and alive, or will continue so, it is well to inform the patient and her friends, from the first, that all our efforts may be unavailing to save the existing pregnancy. Were this precaution not adopted, they might attribute the abortion to the very means used to prevent it.

It is worthy of remark, that cases of this description, in which chronic inflammatory thickening and hypertrophy of the cervix complicate the abortion, are those in which the hæmorrhage is the most severe, the most continuous, and the most intractable. The reason is

very simple. The os uteri, thickened and hardened by disease, cannot open to allow the ovum to pass, so the latter is arrested *in transitu*, and the hæmorrhage continues, mechanically as it were, for days. I have repeatedly been sent for to cases of this kind, in which the patient, anæmic from loss of blood, was apparently at the last gasp, have found a morbid, rigid os, half open, and have been able, with the speculum forceps, to extract an ovum thus retained, thereby at once arresting the hæmorrhage. As pregnancy advances, the cervix, even when thus diseased, generally softens and yields.

Lastly, I may here repeat what I have elsewhere stated, that whenever I have been able to examine the uterus of a really pregnant woman, supposed to be menstruating during pregnancy, I have all but invariably found that there was more or less extensive inflammatory ulceration of the uterine neck. The so-called menstrual discharge was clearly, in these cases, merely a hæmorrhagic flux from the denuded cervical mucous membrane. It may, however, have occurred under the influence of the ovarian or menstrual motions, which is no doubt still felt to a considerable extent by some females during the early months of pregnancy.

This clinical fact offers another element of diagnosis in cases of concealed pregnancy. If a female who presumes herself to be pregnant by others, to be pregnant, notwithstanding the presence of a menstrual flux, is found on examination to be free from inflammatory and ulcerative lesions of the uterine neck, the presumption is that she is not pregnant. If she has such disease, it may be the source of the flux, and the presence of the hæmorrhage does not necessarily indicate the pregnancy.—*Lancet Lancet*.

On the Prevention and Treatment of Uterine Hæmorrhage.

By THOMAS LAURENCE, M.D.

IN THE PLACENTA PRÆVIA

No more alarming accident can occur in childbed than the untimely separation of the placenta, appropriately named the placenta prævia; and to this accident—*for it is one*—medical men have of late years devoted much attention. It is an evil, however, of such a nature that it can seldom be avoided. From the moment almost of

pressing; it is a question of life or death for parent or child. Whatever is to be done must be quickly done, and the most experienced of physicians and surgeons have but too often been baffled in all attempts to save either parent or child.

The normal position of the placenta, and the usual place of its attachment to the uterus, are well known. But it is also now equally well known that it occasionally deviates so widely from its usual points of attachment as to occupy the actual outlet by which the product of conception has to escape from the uterus. In other words, we find it in some instances attached wholly, or in part, around the inner orifice of the cervix uteri, obstructing the passage; inverting the order of nature in delivery, and thus endangering life. The surgeon is first apprised of the real nature of the case by the occurrence of hemorrhage through the external organs of generation. On examination per vaginam, he soon ascertains the unhappy position of the placenta.

With each labor pain there come gushes of blood, the result of a gradual separation of the placenta from the walls of the uterus, their contraction and consequent obliteration of the venous sinuses being prevented by the presence of the fœtus in the womb. If the labor were now left to itself, that would separate, and leave the womb first, which in the natural order of events should come last—namely, the placenta. So soon as the placenta has disunited itself from all connection with the uterus, the child must speedily be born, or die. Its placental mode of respiration has been cut off, and to obtain another form of respiration it must pass into the world. The time required to destroy the life of the infant under those circumstances has not been determined, and, indeed, is an inquiry of the most difficult character. The experiments of Buffon and others on the suspension of intra-uterine or placental breathing in the fœtus, the length of time such breathing may be suspended, and the aerial, or atmospheric, prevented from taking place without loss of life, led to nothing. They were instituted, moreover, with other views. But however this may be determined hereafter, of this we are certain, that from the moment of the complete detachment of the placenta from its uterine surface the time cannot be long when death must strike the child. The same fate awaits the mother, should it happen that after the expulsion of the placenta the child remains but a few minutes in the womb; for the uterine sinuses are open, and the contraction required for their permanent closure cannot take place until the child be delivered. The rapidity with which a woman dies under circumstances interfering with

excite the organ to contract rapidly and vigorously, that all, or nearly all, our remedial means must be applied.

Before considering what these means are under ordinary circumstances, I shall return briefly to the mechanical question, for such it really is—What are the steps to be adopted in cases of the placenta prævia, to give to the mother and to the child their best chance of life?

CASE.—Mrs. T——, mother of eight children, aged forty-two. In this case labor pains set in with occasional hæmorrhage, continuing at intervals throughout the greater part of the day, with little progress, the os uteri evidently not dilating. After the lapse of about twelve hours, I discovered a soft pulpy mass immediately over the os uteri, evidently the placenta. The head of the child was about entering the introitus, and could be distinguished. Much blood having been lost, I made up my mind to deliver by turning. This child was born alive by the feet. The placenta followed soon after, without any further hæmorrhage, and mother and child did well. A subsequent labor occurred to the same lady about two years afterwards; there was also this time a placenta prævia. She recovered also from this accident, but the child was dead.

Severe hæmorrhage may happen before delivery, although the placenta occupy its normal position. It may have separated from the uterus wholly, or in part, the child being still undelivered. Rupture of the membranes is the safest remedy in a case of this kind.

CASE Mrs. W——; full term of pregnancy; in the afternoon was seized with hæmorrhage; labor had not progressed; the os uteri being undilated and unyielding. This was at four P. M. At twelve, midnight, I first saw her; the bleeding had been considerable, the os uteri being fully dilated, and the external parts were prepared for parturition, but the membranes still remaining entire, and the bleeding continuing, I ruptured them, on which the dangerous accident immediately ceased. The feet of one child now presented, and the child was delivered. Another child followed. The case did well.

In a case of placenta prævia which occurred in my practice, the child had been dead for some time, as the cuticle readily peeled off. Nevertheless, there was severe hæmorrhage, and I was forced also to remove the placenta from the uterus with the hand. The premature death of the child seems to give no security against the hæmorrhage; at least it so happened in this case.

Retention of the placenta is occasionally, but not always, a cause of hæmorrhage. Surgeons in extensive accoucheur practice must have

occasionally met with severe instances of uterine hæmorrhage from this cause.

CASE.—Mrs. S——, aged forty-two, having been taken in labor, requested my attendance, but other engagements prevented my doing so at the commencement of the labor. My assistant, a qualified surgeon, took charge of the case. The patient stated to him that on all previous occasions there had always occurred difficulties in removing the placenta, and she consequently dreaded the recurrence of this event. As far as regards the child, she had a natural and easy labor, terminating in about six hours. My assistant made many ineffectual attempts to remove the placenta, and serious hæmorrhage having set in, I was requested to attend. I found her in a very exhausted condition: she seemed dying. Stimulants were freely administered. With some difficulty I removed the placenta, which adhered firmly to the fundus uteri. She died almost immediately after its separation and removal.

To return to the history of the placenta prævia. Surgeons seeing the danger of allowing nature to have her own way in cases of placenta prævia, have accordingly devised various modes of meeting the difficulty. Those who propose to detach the placenta, and bring it away first, speak, I fear, from a very limited experience. That cases so treated do recover occasionally, cannot be doubted: but this is not the question. It is the comparative extent of mortality which we must look to. Now, there exist no statistics to decide this point: none, at least, with which I am acquainted.

The cautious yet rapid separation of a portion of the placenta from the walls of the uterus: the introduction of the hand into the womb: the turning of the child so as to bring down the feet, and subsequent speedy delivery of the placenta—these seem to me the means best adapted to meet a class of cases which may perhaps forever remain, to a certain extent, beyond the resources of our art. It has been proposed to pass the fingers directly through the placenta, and so reach the feet of the child. The maneuver requires great adroitness, and may lead to loss of time. It is not improbable that many cases of miscarriage, accompanied with excessive flooding, are truly cases of placenta prævia. The premature discharge of the ovum in such cases is not to be regretted.

TREATMENT OF UTERINE HÆMORRHAGE.

Some persons who are
Surgeons, &c., &c.

—A system of
and method

observations, have written methodically and with a pedantry which I imagined had been forever banished from medicine, laying down the rules applicable to most cases of uterine hæmorrhage. But a little reflection will show the reader that such cases must be met by a most careful consideration of their own features and causes.

The physician or surgeon must be prompt and active—never losing sight of his patient and her circumstances for an instant. Hæmorrhage may occur at the commencement of pregnancy; its causes then are generally obscure, and we are forced to treat it on the principles of menorrhagia, by the application of cold, of astringent remedies, of mechanical applications. The vaginal plug may be used. It has been happily expressed by those who have of late years rung the changes so loudly and successfully on the theory of “reflex spinal action,” of its direct and incident impressions and movements, as if they were rays of light, the language of optics having been resorted to with a happy facility in obscuring the source of the theory and its utter inapplicability to the varying forms of nervous action—by those who have borrowed Prochaska’s physiological ideas, that, in hæmorrhage occurring at the commencement of pregnancy; the uterus must be treated as a non-motor organ. The meaning of this, in plain language, is simply this: if, in arresting this form of hæmorrhage, you rouse the uterus to contraction, it will expel its contents, and so arrest the hæmorrhage by removing its cause—the ovum, which, under such circumstances, the uterus is disposed to look upon as a foreign body, or likely soon to become one. The object, then, must simply be, to avoid this accident if possible, without endangering the health or life of the patient. But should the hæmorrhage prove alarming, from its continuance or quantity, the ovum must be removed by mechanical or other means. The authors I speak of recommend cold in such cases; but cold excites uterine action, which they also fully admit. I am not bound to explain the inconsistencies between their doctrine and practice; a good theorist never really meets with any very serious difficulty—for every why he has a wherefore.

At one time, it is the nervous fluid; at another, the “universal excitability;” a third recommends to you “reflex action,” and incident and direct rays of sympathy and motion; “it is the tub for the medical whale to disport in for a time.” But such views do not merit any serious refutation. In the latter months of pregnancy, cold is again recommended, and the plug. These applications are useful, no doubt, and they sometimes succeed. But the real question is, whether pre-

mature labor is to be brought on or not; and if it is to be prematurely induced, the rupture of the membranes will generally bring about the desired results.

We owe to the pedantry of the schools the subdivision of hæmorrhage into unavoidable and accidental. It leads, as usual with such distinctions, to nothing. The unavoidable is as much accidental as the accidental, strictly so called. Let us attend to facts and observation. After delivery, no form of plugging can be of much use. If hæmorrhage be present, it can only be arrested by uterine action. To bring on uterine action must ever be the great aim of the accoucheur in cases of uterine hæmorrhage. When this is established the bleeding ceases, as if by a charm; its sources have been cut off, and the patient is safe.

The idea of making use of the foetus as a plug, is, to say the least of it, a very ingenious idea. It will be conceded, however, I trust, that for the life of this plug its employment in this humble capacity ought not to be much prolonged; for whilst so engaged, should it happen that the placenta detach itself entirely from its uterine adhesions, and the uterus cease at the same time its contractions, I need not say that the lives of mother and child are in jeopardy. The other idea, that plugs favor coagulation behind them within the uterus, and that by such coagulations uterine hæmorrhage may be arrested, is not so happy a one, for it is clearly false. Coagula forming in the uterus will not suppress hæmorrhage. Alum, local cold, mineral acids, refrigerants, the internal use of acetate of lead, have all been used, and occasionally with seeming success. Alternations of hot and cold applications to the abdomen have also their value. The object is to excite uterine action. The application of the hand over the uterine region, and the introduction of it into the uterine cavity itself, are the means we employ to bring about those contractions of the organ, without which there is no safety for the patient. It will, under all circumstances, be safer for the accoucheur to remember, that in the judicious use of opium, and of wine and spirits, aided by the mechanical means spoken of, lie, after all, his most powerful remedies. Whilst planning other modes of treatment, such as pressure on the aorta, or on the vena cava, as has been ingeniously suggested, but on physiological principles distinctly erroneous, injection of the umbilical vessels with cold injections, &c., his patient may be lost for want of a little wine or brandy, or a dose of opium. In total inertia of the uterus there is no discharge of

blood by the external parts. No cases are more dangerous than these, not even those of placenta prævia.

Ergot of rye has been much praised by some as an excitor of uterine action; ipecacuanha may produce the same results, but opium is better, and confidence and courage in the attendant are perhaps the best of all.

The ingenious Dr. Radford first proposed the galvanic circle as a last resource, one pole of a galvanic trough being placed within the os uteri, and the other applied over the fundus, thus making and breaking the circle alternately. I doubt its efficacy. One thing is certain—it often fails.

An abdominal compress can scarcely fail to be useful.

Hippocrates knew that applications or counter-stimulants to the mammary glands occasionally arrested uterine hæmorrhage. The fact is certain—sinapisms, cupping-glasses, the sucking of the child, have all succeeded. How the incident reflex nervous ray makes its way from the surface of the bosom to those nerves which are presumed to excite the uterine fibres to contract, I leave to be explained by those who have no trouble in explaining anything—the physiological theorist who is sure to find in the latest theory an easy explanation of all organic phenomena.—*London Lancet.*

[From the Oglethorpe Med. and Surg. Journal.]

QUACK ADVERTISEMENTS IN NEWSPAPERS.

We copy below a few advertisements, such as are usually found in some of what are called the *respectable* newspapers of the day; merely to direct the attention of our readers to the deep depravity of the miserable quacks, whose *ignorance* of medical science is only equalled by their unparalleled *effrontery*. If the editors of newspapers, which find their way into almost every respectable parlor and family in the land, have no regard for the preservation of the morals of the rising generation, and shall continue to persist in the publication of *such* advertisements as we quote below, we, who control the Medical Journals, should show what injury they may do to the friends and families of our medical readers at least; and if we can do nothing more to arrest their recklessness, we can advise *our* friends—who constitute no small share of civilized society—to abandon their patronage of *all such sheets*.

The first article is copied from the British Medical Journal, and is

intended merely to expose the duplicity and credulity of mankind generally. This same *disinterested* "Retired Physician" has an office in or near New York City also.

Advice by a Retired Physician—When Rowland Hill invented the penny postage stamp, and put in circulation the smallest paper money in existence, he little thought of the evil uses to which his admirable ideas would be turned. He little anticipated that ingenious gentlemen, who roam about seeking whom they may devour, would through its agency manage to live upon the public in princely style, their whole stock in trade being an advertisement in the paper! In the number for January 24th, 1857, we drew attention to the alluring advertisement of "A Retired Clergyman," who was anxious to make the public acquainted with a recipe for nervous disorders—the trifling sum of six postage stamps being all he asked in return for his invaluable advice. But now the retired clergyman gives place to an aged figure, such as we used to see in the frontispiece of didactic volumes of a quarter of a century since, in the form of a venerable hermit dispensing to youth the health-giving mountain herb, as thus:

A RETIRED PHYSICIAN, whose sands of life have nearly run out, discovered, while in the East Indies, a certain cure for Consumption, Asthma, Bronchitis, Coughs, Colds, and General Debility. The remedy was discovered by him when his only child, a daughter, was given up to die. He had heard much of the wonderful restorative and healing qualities of preparations made from the East India Hemp, and the thought occurred to him that he might make a remedy for his child. He studied hard, and succeeded in realizing his wishes. His child was cured, and is now alive and well. He has since administered the wonderful remedy to thousands of sufferers in all parts of the world, and he has never failed in making them completely healthy and happy. Wishing to do as much good as possible, he will send to each of his afflicted fellow beings as request it, this recipe, with full and explicit directions for making it up and successfully using it. He requires each applicant to enclose him six stamps—one to be returned as postage on the recipe, and the remainder to be applied to the payment of this advertisement. Address H. JAMES, M. D., 14 Cecil Street, Strand.

Charming picture! Admirable devotion of a green old age to the miseries (and postage stamps) of a suffering public! This sage, whose "sands of life have nearly run out," and who studied hard to save his child, and happily succeeded through the instrumentality of Indian hemp, should by no means hide his light under a bushel; the whole race of poor afflicted creatures, consumptive, asthmatic, bronchitic, and generally debilitated, have only to apply by letter at once at his mossy cell in that health-giving neighborhood, Cecil Street, Strand, and so they will be cured. Behold, every morning this advertisement flies, on the wings of the press, to the fire sides of hundreds of thousands of our countrymen, whose Arcadian simplicity with respect to quack medicines is too deep to fathom: over this simple crew this

venerable old fisher of men casts his net—and what is the daily result? Watch the postman drop his bag at the door of the Retired Physician. Can there be more than one letter for the aged recluse? Is the man whose “sands of life are nearly run” troubled with a plentiful correspondence? There are hundreds of letters, and every letter comes laden with its due complement of postage stamps. The daily receipts of this aged individual from this source are known to average £10 per day; and this is not the whole of the contribution of the public to this deeply interesting individual. The receipts for the preparation of Indian Hemp is duly sent; but, as in the case of the “Retired Clergyman,” the recipient, not being able to make anything of it, adopts the accompanying suggestion to send it for concoction to a certain quarter; here the second steeping process begins; and where it ends we scarcely like to say. We are informed that the aged physician whose “sands of life are nearly run” is a hale and hearty American, who proposes to open another health-giving fount in the French capital, now that he finds himself firmly established with a princely income in the metropolis.

Thus the world wags in 1858. Scores of well-educated medical men are at this moment reduced to starvation point, and one quack is wallowing in wealth. Is it not infamous that respectable papers should give insertion to such an advertisement? Can any person be deceived as to its character? Can there be a doubt that it is intended to defraud? How, then, we ask, is it possible that honest men can consent day by day to put such palpably fraudulent announcements into circulation? The public health we make such a stir about is as the fat pasture ground on which designing quacks feed without let or hinderance—nay, with the approval of the government, and often the support of the judges.

If the person calling himself H. James, M.D., were to kill any of his dupes by his doses of Indian Hemp, was in consequence put upon his trial, are not all the chances in favor of the judge recommending his acquittal in consequence of his ignorance? It is really monstrous that the most deadly poisons should be prescribed wholesale, through the medium of advertisements, by persons without any legal title to do so. We question if there are half a dozen physicians in London who can boast so large an income as this “Retired Physician,” whose whole knowledge and stock in trade is summed up in a cunningly written advertisement. The proper punishment for this gentleman, whose “sands of life are nearly run,” would be a sound outward application of good English Hemp to his own person.—*British Medical Journal*, March 6, 1858.

The succeeding advertisement aims a blow at the very foundation of female purity and chastity, and that too without the slightest disguise. In fact, he says of “Dr. Dumas’ Female Protecting Instrument” that “it will last a lifetime without getting out of order, and cannot fail. It can be carried about the person, and used without inter-

ference to the conjugal relations of the married state." Comment on such a statement is useless, as the objects and aim of the miserable scoundrel who makes them are too palpable to be misunderstood. An advertisement appeared some time since in one of the papers of this city, in which the advertiser, after speaking of his nostrum as infallible in restoring the menstrual secretion when arrested from any cause, adroitly states that *pregnant females* should not use his medicine, as it would be *certain* to produce *abortion* or *miscarriage*. He could not have been better understood if he had said in so many words, that *all* who might *become pregnant* might *rely upon* his *specific* to *expel the contents of the uterus*. We do not pretend to quote the exact language of the advertisement, as the paper that unfortunately contains it is not now before us, but we state the *facts*.

If newspapers cannot be sustained without admitting *such* demoralizing, body-destroying, and soul-damning advertisements as that to which we have alluded, and the one quoted below, in the name of civilization and of morality, ay! in the name of God! let us have none of them amongst us.

PRIVATE HOSPITAL.—*Record's Practice* — Dr. Wm E. Hoyt's old Established Private Hospital, located in the Arcade, opposite Post Office, Syracuse, N. Y.

Where he will introduce to the notice of those afflicted with any form of private diseases, the French System of Care. This class of complaints he has made a specialty for the last 15 years, and the knowledge he has of the New Method of Treatment, now in operation in Paris, and the Hospitals of this country, warrants him in saying that none of the forms the disease is wont to assume is without a Sure, Quick and Permanent Remedy. The remedies employed by the Doctor are free from any offensive taste or smell, contain no mercury, and require no change of diet, business, or pleasure. Persons can be cured at home by stating their case and addressing Dr. Wm E. Hoyt. Male or Female who have Spermatorrhœa or Nocturnal Efflux or, lose no time, but consult the Doctor and get his Specific, which has saved thousands from the grave, and which is warranted to cure this disease in from 3 to 6 weeks, or the money refunded.

Dr. Hoyt is also agent for Dr. Dumas' Female Monthly Pills. No female should be without them; they can truly be called the "Female's Friend."

A desideratum has been gained in the practice of Medicine hitherto unattainable by the medical faculty. Dr. Dumas has used these in his practice, in Paris, (which is the largest of any physician in that city,) for years, and never during 30 years' practice has he been known to have a failure. These Pills have been approved of by the *École de Médecine*; fully sanctioned by the M. R. C. S. of London, Edinburgh

and Dublin, as a never-failing remedy for producing the Catamenial or Monthly flow. Though perfectly harmless to the most delicate, yet ladies are earnestly requested not to mistake their condition, (if pregnant,) as miscarriage would certainly ensue. Price \$1 00 per box, sent by mail.

Dr. Dumas' Female Protecting Instrument, patented and protected by Dr. Dumas, of Paris, and sanctioned by the College of Physicians and Surgeons of London.

This instrument enables those whose health or circumstances do not permit an increase of family, to regulate or limit offspring without injuring the constitution. The instrument is perfectly safe, no metallic substance entering into its composition; it will last a lifetime without getting out of order, and cannot fail. It can be carried about the person, and used without interference to the conjugal relations of the married state. Those who do not find it as represented, can have the amount of its cost returned. Sent by mail to any part of the U. S. and Canada on the receipt of \$5.00. Don't mistake the name or place.

DR. WM. E. HOYT,

Syracuse, N. Y.

THE PRESENT ASPECT OF CONSERVATIVE SURGERY AND THE CHLOROFORM QUESTION.

By F. C. SKEY, Esq., F.R.S., F.R.C.S., Surgeon to St. Bartholomew's Hospital.

GENTLEMEN—I don't think I can better begin a Course of Clinical Lectures, which it is my duty to deliver in this theatre during the new year, than by making some few remarks in reference to what is called, in the general *parlance* of the day, "Conservative Surgery." By conservative or curative surgery, as applied, in the first place, to injuries of joints or limbs, I wish to signify that practice in surgery which, in the hands of some one surgeon, leads to a conservation or saving of a limb or joint, as contra-distinguished from another practice, which, in an entirely similar case, sacrifices the same joint or limb by amputation. By "conservation," or some such term, we properly signify the recognition of the power of Nature to repair what may appear otherwise beyond repair, and it obviously implies on the part of the surgeon a deeper knowledge or experience of the subtle, yet marvellous powers of Nature, engaged in such processes, as well as an instinctive recognition of these processes and the point where Nature is assisting us, and proving herself a true *vis medicatrix*; or where, overborne by sundry morbid agencies, Art, even at any cost of mutilation, must come to the rescue.

And this "conservative" surgery is no mean or little thing: it en-

gages the moral feelings as well as an intellectual analysis of the surgical facts that have previously come under your notice—for I now take it that you will all and each of you be one day or another embarked in surgical practice—both, mind you, are indispensable, the moral feelings and the intellect; nay, more, we must in a measure make each case our own, and sympathize with our patients, if we wish to master each case presented to us.

A man properly imbued with the idea of curative or conservative surgery must calmly study Nature—he must forget self-interest. Oh! do not for mere *eclat* of operations, as do some, commit some crime—I was almost inclined to say, do not do anything to your patient, be he rich or poor, that you would not after the gravest study wish to be done to yourself in similar circumstances! That, indeed, must be your guiding rule in all your medical intercourse with the sick, but more particularly in this department. Remember, if you save a man's arm, to him it is almost equivalent to his life, as it is the means by which he lives.

But you are young, and you say, "Why all this—the surgical profession is surely an honorable profession?" and you read the journals, and "we are all honorable men!" Be it so; that is drawing it very mild, at any rate. Mark! I make no imputation against the great operators; but while human strength is mixed up with human weakness, and while the line is not well defined in surgical operations where *esprit de corps* or mere surgical *eclat* trespasses on thorough conscientiousness or honesty, while error is likely to prevail, then it is your duty to keep yourselves properly instructed in what the lessons of experience everywhere are teaching us, and to what principles of surgery the "finger-posts" of statistics are pointing.

You may depend on it that Nature has a disposition to effect singular cures if we only did not thwart her designs. Nature is usually at work building up healthy tissues. I believe this is evident in a large majority of surgical cases. Look at a broken bone uniting. Sometimes, no doubt, there was side by side with such healthy physiological action a certain pathological or diseased action or element, but let us take care that we do not encourage the latter in place of the former; say that we bleed in a fever where we ought to give wine, then the disease gets ahead; or say that a patient dies of amputation or resection, where such operation was unnecessary.

If you believe with me that there is this tendency to mistake many things in Nature's work for something pathological—that from *esprit*

de corps we take for granted Nature is going pathologically wrong as often or oftener than she goes physiologically right—yet if I can show you this is an error, surely there must be something in our conservative surgery that deserves more than a mere passing notice.

Let us take care that this so-called *esprit de corps* does not alienate the public too much from us. Bacon made this remark a very long time ago. It is as true now as it was then.

All very well! But what evidence can I bring that Nature, as we find in her hospitals, is not always going wrong? I now remember the wards of St. Bartholomew's Hospital for a period of about forty years; and if I look back at amputations, for instance, I find they are diminishing in number year by year. What is the secret of this? I'll tell you. Nature now cures hundreds of cases that were formerly mutilated and amputated. Do you think we have in this department but reached the goal, that we have nothing like steel or cod-liver oil in strumous cases, for instance, totally unknown forty years ago, yet to be discovered? Is chloroform nothing?

But what a melancholy thing it is that some surgeons still adhere to old routine. You will be astonished, perhaps, that there is no standard practice in our sixteen or eighteen London hospitals. The public does not know that even with this *esprit de corps*—of which we make so much ado—that the leg which is saved in hospital A is cut off and few questions asked at hospital B, C, D; ay! we're "all honorable men," saved perhaps at hospital E, or put in orthopædic training, but cut off at F, G, H, I, &c. Is it not our duty to society to save limbs, to cure aneurisms without cutting operations, to take advantage of chloroform, &c.? To society did I say! Here a man feels the blighting influence of this so-called *esprit de corps*; he is outvoted in consultation, and by apparently wise heads; he must not infringe old routine or the stereotyped rules of years! But I tell you, and you may rely on what I say, our first duty is to society, though it may ill understand us; our next, *ay longo intervallo*, our next duty is to our profession!

I am sorry to say, too, that the more remote the distance from London the worse do things appear to become, so firmly rooted do old prejudices keep their hold where once they have been implanted. In one small provincial hospital, with forty surgical beds, I have recently known there to have been more mutilations or amputations in one year than there were in the same year (of twelve months) in all our 340 surgical beds in St. Bartholomew's. The fear of using chlo-

reform—another error—adds to the horror of such old-world wisdom. All professions, perhaps, even to the judges on the bench, are “infirm of purpose,” if it comes to be a matter of common sense *versus* some old precedent or rule—in other words, a matter of *esprit de corps*. Still, even this latter must occasionally yield to the public learning things themselves.

There is no large or capital operation in surgery that is not undergoing a change in the direction of greater simplicity. Where are our pulleys in recent dislocations of the hip? What improvement ever equalled that of the introduction of chloroform, of anæsthetics? Pain abolished at one glorious sweep; you know that even within your own memory, let cavilers say what they please, it has become the recognized practice of all good surgeons in America, Asia, and Europe to administer chloroform. Let no silly errors persuade you to the contrary. Again, look at injuries of the skull and the use of the trephine, where formerly it was used on every occasion (realizing the lines to Sidrophel—

“He used trephining of the skull
As often as the moon’s at full,”

where formerly we were told to anticipate symptoms); now the trephine is scarcely used at all; in Germany it is entirely condemned.

Let us take lithotomy operations again, and compare them with lithotrity. Yet though the appliances and means of lithotomy are more brilliant or improved, (I now speak of the lateral operation,) the deaths are at least 30 per cent.; those of lithotrity, which is superseding it in private practice, are only 5 per cent.

Does the conscientious surgeon treat surgical aneurism now in the same manner that surgeons of the last century did? No! We have been compelled, by the facts brought forward by the Dublin surgeons, to adopt the mode of cure by compression; it is not so brilliant or full of *eclat*, yet it is eminently conservative, and saves many valuable lives. Some London men say they like a cut at their cases, but the short and best cut of a case of aneurism is to cure it, and that is effected by pressure; the amputations and deaths after ligature, even for popliteal aneurism, were something terrible and enormous a few years ago; now we hear of internal aneurisms cured by specific methods.

Old dislocations are now reduced in people of advanced years, even at sixty, though Sir A. Cooper advised the opposite, and in the manipulation of other cases under chloroform it is marvellous what may be done. These are the cases that will make or mar you in practice.

As to the special subject of saving limbs after surgical injury, such as compound fractures with and without injury of vessels, I wrote a paper in 1855. I am every day more and more convinced of the force of the truths I then enunciated; I will not go with much detail into it.

If a limb be cold or mortified and vessels impaired, there can, of course, be no second opinion as to the propriety of amputation; but I take cases on the confines of this extreme condition, and I ask myself very often, Shall I amputate or not? Fifteen years ago I had a great deal of night surgery at this hospital; I may say I lived next door; and I have had many a half hour's walk up and down the quadrangle—half hours of agony, thinking, shall I amputate or not amputate? A hand and forearm of a patient is sometimes fractured by machinery, by a printing press at night—the old rule, I now firmly believe “more honored in the breach” than in any, even at least slavish observance, was always to amputate; and mind, in doing that you take away the working man's right hand perhaps; now that is a serious matter! We infringe the rule, and the infringements or errors of old rules taught us a great deal. I was every year more and more fortified in my opinion, now fully established, that you are not called upon to amputate in almost any injury of forearm and hand. Nature will repair the mischief herself.

Take, again, diseases of joints, and what do we find? What has the last ten years taught us? That you cannot have ankylosis without removal of the encrusting cartilage of such parts as the head of the femur or humerus, &c. This is not disease—it is Nature's own curative surgery; yet how are we every other day frightened at the words “ulceration of cartilages.” Have you never seen this part finely injected with size and vermillion? If you have, you would see a beautiful ring of granulations marking out the process of absorption, and thus, *pari passu*, marking out Nature's conservative surgery. Yet how many dozens of knees do we see amputated, or ankles removed, because we mistake a healthy reparative process, tedious it may be, for a diseased state.

But I come back to the subject of compound comminuted fractures. I do not like to lead the advanced guard of ultra conservatism. I see a good deal of small surgery, but though heterodox in a “clinical,” I wish to teach you leading clinical principles, not small surgery. But I will give you a case; there is nothing like a case—it is a sort of diagram. A man was brought in, Nov. 5, with a very bad and for-

midable laceration of forearm, the radius comminuted, the extensor muscles scooped away, the interosseous ligament and so-called interosseous artery (it's not an interosseous artery at all, by the way,) all injured; he had a Guy Fawkes explosion, burning and destroying his arm. What was to be done? The students came crowding down for an operation; he had some amount of extension and flexion in the forearm. Well, I simply cut away all the jagged parts, I placed a splint over the front of the forearm; he has now a useful arm; but mind, if he had not had extension and flexion, it would be useless to try to save the parts. Here "antagonism," whatever it be in the moral or Guy Fawkes world, is everything to be desired. He had his supinators, else I would have amputated: it would never do to leave him a hand all flexors, bent like a bird's claw.

You have heard also, no doubt, (any of you industriously reading up for the college, at least,) of "primary" and "secondary" amputations. Well, there has been a great deal written on this subject, and, as it is made to bear on conservative surgery, it is good in its essence, but it is impracticable. I have often explained why I don't believe in it. It may answer on the field of battle, where the surgeon is here in a trench to-day, and ten miles off to-morrow. I believe it is ridiculous in civil hospitals; for I say if a man is not operated on till the termination of six hours, why not give him 24, ay, and 48 hours? In such cases I would say, in one word—do not take off limbs too soon; watch the case; watch it, that's the secret. I fought a case here the other day; I said give him 24 hours, and then three days; I will not tell you the result—but that is the principle. I want you now to observe for yourselves, and take this with you, that in the last ten years there is happily growing up more tenderness and sympathy for patients; there is more humanity amongst the true and great surgeons.

If we felt for patients more it would be no harm. I had a joke with Sir B. Brodie a little while ago. He went out of town somewhere, and happening to meet with an injury, dislocated his humerus. "I am so glad, Sir Benjamin," I said to him, "as the Fates would have it so, that it occurred to such a good observer; you can now sympathize with patients, and tell us all about it; I am glad, at any rate, it was no worse." He laughed. "I agree with you," he said; "we do not sympathize enough with our patients. I don't exactly see the force of your congratulation, at least in your way, for I assure you it was horribly painful."

I would say to you, in conclusion, it is your duty, it is your mission,

and there is no nobler one, to save limbs and to save life in every possible manner you can; the sooner you forget mere personal *clat* the better. Take care that much of the *esprit de corps* I speak of is not pride and self-esteem.

You may rely on it, considering our increasing knowledge of therapeutics, that we have not yet tested Nature's own conservative surgery enough, and that we deprive Nature of much of the credit that is justly her due.—*Montreal Medical Chronicle*.

[From the American Journal of Dental Science.]

LOCAL ANÆSTHESIA

By the Application of an Electric Current

Many, if not most of the readers of the Journal, have doubtless heard of this novel method of producing local anæsthesia, and its application in the extraction of teeth. It was brought to the notice of the Senior Editor about two months ago, by one of the agents of Mr. Jerome B. Francis, of Philadelphia, the inventor, with a request that he would give it a fair trial. Having consented to do so, he requested the agent to place in the infirmary of the Baltimore College of Dental Surgery one of the small galvanic batteries which had been gotten up for the purpose, and, at the time appointed for the experiment, a number of persons, having decayed and aching teeth, presented themselves for the purpose of undergoing what they had been led to believe would be a painless operation, and in nearly every case their hopes were seemingly realized. Between thirty and forty teeth were extracted by Dr. Arthur, late Professor in the Philadelphia Dental College. The experiment at the College was continued two afternoons; on the second day the Senior Editor was not present, but Dr. Arthur informed him that it was quite as successful as on the first; and, with a view of ascertaining how much the imagination might influence the feelings of the patient, he, in the case of a boy, who wished to have two teeth extracted, applied the electric current while removing the first; the lad affirmed that he suffered no pain, but in the removal of the second it was not applied, and the pain occasioned by the operation was so great that he screamed lustily.

The apparent success of these experiments induced the Senior Editor to apply the invention of Mr. Francis in his private practice, and the result thus far has certainly been very satisfactory—a large majority of his patients, for whom he has extracted teeth, having assured

clined inserting the articles sent us, and may even now have spoken prematurely. If anybody in or out of the profession think Dr. Morton has merits in this regard, entitling him to the claim of a discoverer; and if they choose to certify thereto, which costs them nothing, or to subscribe their money to him as a reward, we think nobody has any right to object, and certainly we do not. Those gentlemen who have declined to sign Dr. Morton's papers are probably in doubt as to his being the discoverer, and will remain so until Boston has spoken. But we beg to be excused from entering into that interminable discussion of priority in the *Gazette*, so much is to be said on both sides.

☞ Since the above was written, the Board of Governors of our Alms-House have been appealed to for \$1,500, from the city treasury, and a similar effort is making with the City Hospital, Commissioners of Emigration, and other public bodies. The matter has now got into the newspapers, and there we may leave it with the tax-payers, who will here find another perversion of the public money to look after.
Verbum sat.

THE MOTT SURGICAL AND PATHOLOGICAL MUSEUM.

A catalogue of the vast collection of more than a thousand specimens of surgical and pathological preparations, accumulated in the practice of Professor Valentine Mott and his two sons, has just been published. Dr. Mott's experience has now extended beyond a half century, during all which period his surgical practice and opportunities have been unrivalled in this country, if in any other, by any living man. His industry in the collection and preservation of this museum, the mass of which consists of the trophies of his own operations, has never been surpassed. His reputation as the "Napoleon of Surgery" is, however, built, not so much on the number as upon the originality of his operations. Some of these have startled the medical world, by their originality, boldness, and unique character, and he is regarded at home and abroad as an honor to his profession and to his country. His son, Dr. Alexander Mott, is now associated with him in surgical practice, and has contributed the fruits of his own operations and those of his elder brother, now deceased, to enrich his father's museum, and the arrangement of the specimens in forty compartments is his work. The value of this collection to any medical school is beyond all computation. We had rather inherit it than all the pecuni-

ary results of his long and brilliant career. Long may this veteran in our ranks continue to teach and to practise the profession, which has been the labor of his life.

COLLETON BITTERS.

Under this name a quack nostrum is extensively advertised in Charleston, S. C., and through the South generally. A correspondent in Augusta, Ga., sends us the proof that a certificate of Dr. D. J. C. Cain heads the list of laudatory documents, endorsing the curative powers of the nostrum, avouched by his medical experience in its use. The Bitters are prepared by some Mrs. Jenkins, probably a female physician whose "sands of life are running out," like her male prototype in this city.

We advise our correspondent to send his complaint to one of the Southern journals, all of which are great on "Ethics," and we opine that he will find that Dr. Cain's name is a forgery. For we cannot believe that he ever certified to the "truth is might" advertisement, which has been sent to us. Furthermore, the American Medical Association will have another reason for its "moral power," for here is a flagrant and undignified breach of the Code.

OUR BOSTON BROTHERS.

A remarkable "change has come over the spirit of the dream" which a few years ago in the Boston section was only to reflect or express the four hundredth volume of lectures in the Harvard University, when again there, in the name of the profession, has appeared the name of a "dreadful" medicine, promising against any extension of the name of "moral power" as before mentioned, and in order to.

Already, however, we find the "Boston" family have repeated the extension of that name, and we are now. Whether this repetition is due to the "moral power" of the National Association, or to the fact that the name of "moral power" is now in the hands of the Boston Medical College is a great question. We are now in the hands of the "moral power" of the Boston Medical College, and we are now in the hands of the "moral power" of the Boston Medical College.

Harvard Medical College—The name of the "moral power" of the Boston Medical College is now in the hands of the "moral power" of the Boston Medical College. The name of the "moral power" of the Boston Medical College is now in the hands of the "moral power" of the Boston Medical College.

cal School. The period of instruction, instead of including only the lectures of the four winter months, as heretofore, is to extend throughout the whole year, with the exception of appropriate vacations. In order to carry out this intention, the Tremont Street Medical School, heretofore an institution for private medical instruction, has been merged in the College, and the course will consist of lectures during one portion of the year, and of recitations and study and clinical instruction during the other portion. The instructors of the Tremont Street School have for some time been the same as the professors in the College, hence the union of the two institutions has been accomplished without difficulty; and the teachers will be enabled to adopt the two courses mutually to each other, so that the student will be assisted in his studies and observations during the summer course in the manner best calculated to enable him to profit by the lectures in the winter."—*Boston Med. and Surg. Journ.*

N. O. SCHOOL OF MEDICINE.

The announcement of this young and thriving College, of which our old friend Dr. E. D. Fenner is Dean, will be found in this number. It will be seen that in the Faculty of ten, our own Dr. Austin Flint, of Buffalo, is one, and takes the department of Clinical Medicine, including Auscultation and Percussion. The hospital in immediate proximity will afford him ample scope to benefit the students. The course extends through twenty weeks.

The Circular has not reached us, nor their Journal for months past. What is the reason?

ANOTHER CANCER CURE.

A correspondent in Alabama writes us that a celebrated itinerant preacher and cancer doctor lately left that region for parts unknown, after selling his recipe for a large price. Here it is!

Take Burrs of Jamestown weed,	a bushel,
White Sumach leaves and bark,	a large quantity?
Cancer weed,	2 large handsfull,
Tobacco,	2 large sound plugs;

cut the tobacco fine, put all in a big pot full of water, and boil down to a salve. When cool, add *arsenic*, one ounce; mix well, spread on leather, and apply freely. Will the Middlesex Hospital try it, after they have had enough of Dr. Fell.

SHELBY MEDICAL COLLEGE.

This is the title of the new school in Nashville, Tennessee, about to open. The Faculty, so far as we can learn, consists of Drs. Ford, Haskins, Atchinson, Calendar, and Wright, and Dr. May, of Washington City, who has been induced to accept the surgical chair. With such teachers the college cannot fail to attract students, and we should not be surprised if a large class greet them at the opening.

SURGERY.

Burge's Apparatus for Fractured Thigh has been introduced at the New York City Hospital, and three successive cases have been treated resulting in perfect cure, *absolutely without shortening or deformity*. All these patients have been allowed the privilege of sitting up every day.

Surgeons, patients, and nurses all attest its superior advantages.

BOOKS.

We are requested to announce that Dr. C. F. Heywood, Secretary of the N. Y. Academy of Medicine, is authorized to receive subscriptions of one guinea annually, for the New Sydenham Society of London, which promises to furnish 4 volumes during each year, of new and valuable medical works, not generally accessible, to each subscriber, who will thus obtain them at a low price.

The plan is a good one for the subscribers, but at the price named it must be ruinous to the publishers, without a very extensive list of patrons, who are to pay but little over one dollar per volume. It is desired to send a long list of names from New York.

Prizes of the Massachusetts Medical Society.

The Mass. Medical Society is authorized, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz.: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. T. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review* for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope superscribed with the motto, and con-

taining the writer's name and address. The sealed packet accompanying the successful dissertation will be broken, and the author's name announced, at the annual meeting of the Society in May, 1859.

Dissertations for the above prizes must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15th, 1859.

J. B. ALLEY, *Recording Secretary.*

The Boston Medical and Surgical Journal.

By its *weekly* issue, has the vantage ground over all its contemporaries, by being able to anticipate all of us in the passing events and news of the day. Its present editors, Drs. Morland and Minot, have greatly improved its character and enlarged its usefulness. As the number for July 8th places the editors *rectus in curia*, with reference to Homœopathic consultations, &c., we have marked their article for reproduction in the September No. of the GAZETTE; it will serve to correct an impression we had received and propagated erroneously, that they were wavering by reason of the adverse influences around them. There is no journal in the country capable of more usefulness to the profession and the public, and in the department of Hygiene the editors have excelled us all.

PENNSYLVANIA MEDICAL COLLEGE.

The vacancy in this school has been ably filled, Dr. McClellan taking the place of Dr. Richardson in anatomy. The announcement in this number affords us the opportunity to commend this college to the attention of students, and to reaffirm our belief, that even in Philadelphia it has no superior except in the single quality of *age*. The faculty have made their mark, maugre all competition, and their success is a fixed fact, with such progressive and diligent teachers, who are rapidly rising into public appreciation.

Tardy Justice.—A statue has been at length erected in Trafalgar Square, London, to the memory of Dr. Jenner, the discoverer of vaccination. To America belongs the honor of contributing more funds towards this statue than any other country.

Professor E. R. Peaslee has recently been elected Orator of the N. Y. Academy of Medicine, and President of the N. Y. Pathological Society. He is still Professor of Physiology in the N. Y. Medical College.

VACCINATION *vs.* SMALL POX.

[The following from the *N. Y. Daily Times* is inserted entire, because it exhibits facts and figures as they exist in New York, highly important to the character and interests of our city. All that is needed to protect New York from Small Pox and its mortality is, that qualified vaccinators should be appointed and paid—one in each ward—who should be held responsible to vaccinate everybody in the ward who consents, and report the names and residence of everybody who refuses. The Dispensary physicians are the men for this service, instead of the bogus "health wardens," who ought to be otherwise employed, or dismissed.]

A Shameful Difference, and Why.—The City Physician of Boston in his last report says:

"I have only to report a single death from small-pox during the year, and there is good reason to hope that for the future the disease will never again prevail to any extent in our city, so long as vaccination is attended to so generally by the profession and the people themselves."

In New York during the same year (1857) the deaths from small-pox and varioloid numbered 438! And all this difference is due to the single fact that in Boston they have a sanitary police, while in New York we have none. We pay the bills of a City Inspector, who during the winter zealously lobbies at Albany against any sanitary regulations for this city, and of his 22 political Health Wardens—but the good they do stands recorded in the fact above.

It is a false assertion to say that we have this abundance of small-pox because our port is the great gate for foreign emigration to enter at—that our ships come in rotten with this disease, and land weekly cargoes of it. Small-pox is effectually quarantined at Staten Island. During the year ending May 25th, 81 cases of it were sent to the Marine Hospital, and 83 cases broke out there after landing; but the deaths that followed are not added to the deaths in the city, and every emigrant who came to this port in company of the infected was vaccinated there, and detained long enough to render it certain that no infection came into town from that quarter. Not a single death in the city during the year has been traceable to vessels arriving here from abroad. We do not import small-pox. If at Boston and elsewhere "down East," they were as careful to quarantine infected persons as our own State Health Officers are, the number of deaths here might be somewhat decreased; but without a doubt the great

majority of the 50,000 cases that have occurred in the Metropolis during the past eleven years caught the disease in this city, and the 5,000 deaths of small-pox during that time are chargeable to our own stupid and murderous failure to create and maintain a sanitary police. If our people would consent to do in this matter only what a decent regard for their own protection demands of them—put in operation only so thorough a system of vaccination as all experience shows is practicable, and at no more cost than that by which we now support a horde of worthless pretenders to sanitary inspection—we should not have as many deaths from small-pox during the year ending 1859 as we are compelled to record for the past week.

QUININE IN TYPHOID FEVER.

We had the opportunity of seeing a case of typhoid fever on January 14th, at St. George's Hospital, under Dr. Fuller's care, which was being treated by quinine. The patient was a little boy, eight years old, who was admitted with well-marked symptoms, but whose previous history was imperfect. He had a very distinct mulberry rash over his body. Ten grains of quinine were ordered the first day every two hours, and the change produced in the general symptoms was positively striking: the pulse came down, his skin was cool and moist, a diarrhœa ceased, and his tongue was moist. As this was the case, Dr. Fuller did not desire to push the large doses (he had taken three only,) but continued the medicine in two-grain doses three times a day, with four ounces of wine, and the little fellow is going on well. This is the third case in which this plan of treatment had proved successful in Dr. Fuller's hands; it has been employed elsewhere with great benefit.—*London Lancet.*

The conclusion of Dr. Singleton's article on "Professional Morality and Religion," promised in this number, is postponed until September.

Dr. Fay has resigned as Resident Physician at the Emigrants' Hospital on Ward's Island, and Dr. Ford has been chosen in his stead. Professor Carnochan is still Surgeon-in-chief at the same hospital.

Dr. Wynne, of this city, has been honored with the great gold medal of the British Government, for his report on the Cholera a few years since.

DEATH'S DOINGS.

Among the records of mortality recently reported in the Medical Journals, we find the names of *Jonathan Muller*, the Berlin Professor of Anatomy and Physiology; *William Gregory*, the Edinburgh Professor of Chemistry; *Robert Harrison*, of Trinity College, Dublin, and *Professor Mauthner*, of Vienna, all of them distinguished and learned men.

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AMERICAN MEDICAL GAZETTE ADVERTISER.

NEW YORK MEDICAL COLLEGE.

The Annual Course of Lectures will commence on Tuesday, October 20th, 1858, and close in the first week in March, 1859. The preliminary course will continue from September 20th, till the regular course begins.

HORACE GREEN, M.D., LL.D., President of the Faculty and Emeritus Professor of Theory and Practice of Medicine, and Professor of Diseases of the Respiratory Organs. No. 12 Clinton Place.

EDWIN HAMILTON DAVIS, M.D., Professor of Materia Medica and Therapeutics. No. 324 Fourth Avenue.

B. FORDYCE BARKER, M.D., Professor of Obstetrics and the Diseases of Women and Children. No. 70 Union Place.

R. OGDEN DOREMUS, M.D., Professor of Chem-

istry and Medical Jurisprudence. No. 70 Union Place.

J. M. CARNOCHAN, M.D., Professor of the Principles and Operations of Surgery, with Surgical Pathology. No. 45 Lafayette Place.

EDMUND R. PRASLER, M.D., Professor of Physiology and General Pathology. No. 30 Clinton Place.

HENRY G. COX, M.D., Professor of Theory and Practice of Medicine, and of Clinical Medicine. No. 524 Houston Street.

TIMOTHY CHILDS, M.D., Professor of General, Descriptive, and Microscopic Anatomy.

FEEs.—For the regular Course, \$105; Matriculation, \$5; Dissecting Ticket, \$5; Graduation, \$30.

There are four weekly Cliniques at the College. Admittance to the Hospitals free.

For particulars in regard to Boarding Houses, &c., apply to the Janitor, Mr. Paterson, at the College, No. 90 East Thirteenth Street.

R. O. DOREMUS, Dean.

NEW YORK, August, 1858.

PENNSYLVANIA COLLEGE.

Medical Department.—Session of 1858-9.

FACULTY.

DAVID GILBERT, M.D., Professor of Obstetrics and Diseases of Women and Children.

ALFRED STILLE, M.D., Professor of the Theory and Practice of Medicine.

JOHN NEILL, M.D., Professor of Principles and Practice of Surgery.

JOHN J. REESE, Professor Medical Chemistry.

JOHN B. BIDDLE, M.D., Professor Therapeutics and Materia Medica.

FRANCIS G. SMITH, M.D., Professor Institutes of Medicine.

J. H. B. McCLELLAN, M.D., Professor Special and Surgical Anatomy.

J. FRANK BELL, M.D., Demonstrator of Anatomy.

The Session of 1858-9 will commence on Monday, 11th of October, and continue, without intermission, until the 1st of March. The examination of candidates for the Degree of Doctor of Medicine will be held at the close of the Session. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the first of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

Clinical instruction at the COLLEGE HOSPITAL, adjoining the College will be given on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.), to students, on their arrival in the city.

FEES.—Matriculation (paid once only)	\$ 5 00
For each Professor's ticket	15 00
Graduation	30 00

FRANCIS G. SMITH, M.D., Registrar,

July, 1858.

No. 1504 Walnut, above 15th Street.

NEW ORLEANS SCHOOL OF MEDICINE,

Situated on Common Street, opposite Charity Hospital.

The Regular Course of Lectures in this Institution will commence on MONDAY, the 15th of NOVEMBER, 1858, and continue twenty weeks.

FACULTY:

ERASMUS D. FENNER, M.D., Professor of Theory and Practice of Medicine.

ANTHONY A. PENISTON, M.D., Professor of Physiology.

AUSTIN FLINT, M.D., Prof. of Clin. Med. and Auscultation and Percussion.

THOMAS PENISTON, M.D., Emeritus Prof. Clin. Med. and Aus. and Percussion.

SAMUEL CHOPPIN, M.D., Professor of Surgery.

ISAAC L. CRAWCOUR, M.D., Professor of Chemistry and Medical Jurisprudence.

HOWARD SMITH, M.D., Professor of Materia Medica and Therapeutics.

JOHN M. W. PICTON, M.D., Professor of Diseases of Women and Children.

D. WARREN BRICKELL, M.D., Prof. of Obstetrics.

CORNELIUS C. BEARD, M.D., Prof. of Anatomy.

J. F. GRALL, M.D., Demonstrator of Anatomy.

The Dissecting Rooms will be opened on the 15th of October. Clinical instruction will be given daily in the wards of the Charity Hospital, and three times a week at the College Dispensary, where the patients number about one hundred a week.

The College is located within thirty steps of the Charity Hospital, an advantage not possessed by any other in this country.

The Faculty of this Institution are amongst the duly elected Visiting Physicians and Surgeons of the Charity Hospital, and, according to a late Act of the State Legislature, "shall at all times have free access to the Hospital, for the purpose of affording to their Pupils practical illustration of the subjects they teach."

The Board of Administrators elect annually, in April, twelve Resident Students, who are furnished board and lodging in the Hospital; and the Students of this School are equally eligible to this place with any others.

The great aim of this Institution is, not only to thoroughly indoctrinate the Student of Medicine in the fundamental principles of Medicine by abstract Lectures, but, by drilling him daily at the bedside of the sick man, to send him forth at once qualified to recognize and to treat disease. For this great purpose, the Charity Hospital, situated at our very door, affords opportunities unequalled in this country. The distinguished ability of Prof. A. Flint, both as a lecturer and writer on Clinical Medicine, will here find an admirable field for display.

Dissecting material is abundant in New Orleans, and Practical Anatomy will be thoroughly taught. Besides spacious, well-ventilated and well-lighted Dissecting Rooms for the use of Students, a large and well-arranged Private Dissecting Room is fitted up for the especial use of practitioners who matriculate in this Institution.

The Professors will take pleasure in aiding the Students to procure cheap and comfortable board and lodging.

Amount of fees for the full Course of Lectures, \$108; Matriculation fee, (paid but once,) \$5; Dissecting fee, \$10; Graduating fee, \$25.

For any further information, address,

E. D. FENNER, M.D., Dean of the Faculty,

NEW ORLEANS, June, 1858.

No. 5 Carondelet Street.

ALBANY MEDICAL COLLEGE.

Two full Courses of Lectures are delivered annually. The Fall Course commences on the first Tuesday in September, and the Spring Course on the third Tuesday in February. Each Course continuing sixteen weeks. Degrees are conferred at the close of each term.

ALDEN MARCH M. D. Professor of Surgery.
JAMES McNAUGHTON M. D., Prof. of the Theory and Practice of Medicine.
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THOMAS REX M. D., Prof. of the Institutes of Medicine.

AMES DEAN Esq. Prof. of Med. Jurisprudence.
HOWARD TOMMASEND, M. D., Prof. of Materia Medica.
CHARLES H. PORTER M. D., Prof. of Chemistry and Pharmacy.
J. V. F. QUACKENBUSH M. D. Prof. of Obstetrics.

Fees for a single course, \$60; for two courses paid in advance, \$100. Matriculation fee, \$5. Graduation fee, \$20.

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JOHN V. P. QUACKENBUSH, Registrar.

UNIVERSITY OF NASHVILLE.

Medical Department.—Session 1857-58.—The Seventh Annual Course of Lectures in this Institution will commence on Monday, the 23 of November next, and continue till the first of the ensuing March.

THOMAS R. JENNINGS, M. D. Professor of Anatomy.
J. BERRY LINDSEY, M. D. Chemistry and Pharmacy.
C. K. WINSTON M. D. Materia Medica and Medica Jurisprudence.
A. H. BOGGLANAN M. D. Surgical Anatomy and Physiology.

JOHN M. WATSON, M. D., Obstetrics and the Diseases of Women and Children.
PAUL F. EVE M. D., Prof. of Uria and Prac of Surgery.
W. K. BOWLING, M. D. Institutes and Practice of Medicine.
WILLIAM T. BRIGGS, M. D. Adjunct Professor and Demonstrator of Anatomy.

The Anatomical rooms will be opened for students on the first Monday of October (the 5th). A Preliminary Course of Lectures free to all students, will be given by the Professors, commencing also on the first Monday of October. The Tennessee State Hospital, under the direction of the Faculty, is open to the Class free of charge.

A Clinic has been established in connection with the University at which operations are performed and cases prescribed for and recited upon in the presence of the class. Amount of Fees for Lectures \$165. Matriculation fee, (paid once only), \$5. Practical Anatomy, \$10. Graduation fee, \$5.

Good boarding can be procured for \$3 to \$4 per week. For further information or Catalogue, apply to

PAUL F. EVE, M. D.,

NASHVILLE, TENN., July 16, 1857.

Dean of the Faculty.

CASTLETON MEDICAL COLLEGE.

There are two full Courses of Lectures annually in Castleton Medical College. The **SPRING SESSION** commencing on the last Thursday in February, the **AUTUMNAL SESSION** on the first Thursday in August. Each Course will continue four months. Degrees are conferred at the close of each term.

WM. F. STEVENS, M. D. Prof. of Materia Medica and Therapeutics.
WILLIAM SWEEZER, M. D., Prof. of Theory and Practice of Medicine.
E. R. SAYBORN, M. D. Prof. of Surgery.
WM. C. KIRKPATRICK, M. D., Prof. of Med. Jurisp.

CORYDON L. FORD, M. D., Prof. of Anatomy.
P. D. BRADFORD, M. D. Prof. of Phys. & Pathol.
GEORGE HADLEY, M. D., Prof. of Chemistry and Natural History.
ADRIAN T. WOODWARD, M. D., Prof. of Obstetrics.

Fees.—For Lectures, \$50 for those who have attended two Courses at other Colleges, \$10. Matriculation, \$5, Graduation, \$10, Board from \$2.00 to \$2.50 per week.

A. T. WOODWARD, M.D., Registrar

CASTLETON, Vt., June, 1856,

ATLANTA MEDICAL COLLEGE.

The Fourth Course of Lectures in this Institution will commence on the first MONDAY in MAY next, and continue four months.

FACULTY:

H. W. BROWN, M.D., Prof. of Anatomy.

JOHN W. JONES, M.D., Prof. of Principles and Practice of Medicine.

W. F. WESTMORELAND, M.D., Prof. of Principles and Practice of Surgery.

THOS. S. POWELL, M.D., Prof. of Obstetrics and Diseases of Women and Children.

ALEXANDER MEANS, M.D., Prof. of Chemistry and Pharmacy.

JOSEPH P. LOGAN, M.D., Prof. of Physiology and General Pathology.

J. G. WESTMORELAND, M. D., Prof. of Materia Medica and Medical Jurisprudence.

T. C. H. WILSON, M.D., Demonstrator of Anat.

FEES.—For the Course of Lectures, \$105; Matriculation, (once only,) \$5.00; Dissecting Ticket, (taken once,) \$10.00; Graduation, \$25.00.

The increased facilities in the Departments of Anatomy, Surgery and Chemistry, afforded by ample and well-adapted rooms in the new College Building, make these branches of study much more entertaining than heretofore.

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Good board can be had in the city at \$3.00 to \$4.00 per week.

For further information, address

J. G. WESTMORELAND, Dean.

ATLANTA, Geo., Feb. 8, 1858.

Contributions to Operative Surgery & Surgical Pathology,

By J. M. CARNOCHAN,

Professor of Surgery in the New York Medical College, Surgeon-in-chief to the State Hospital, &c.

This work will be published in a series of Numbers, to be issued quarterly. Each Number, of quarto size, will contain from Forty to Sixty Pages of Letter-press, printed on the best paper, with Illustrations of the Cases drawn from nature; will be complete in the topics it embraces; and will be published in the following order:

No. 1.

Case of Amputation of the Entire Lower Jaw. Remarks on Amputation of the Lower Jaw. Elephantiasis Arabum successfully treated by Ligature of the Femoral Artery, with cases.

No. 2.

Case of Exsection of the Entire Ulna. Remarks on Neuralgia, with Three Cases successfully treated by Exsection of the Second Branch of the Fifth Pair of Nerves, beyond the Ganglion of Meckel.

No. 3.

Case of Restoration of the Entire Upper Lip. Remarks on the Pathology of Congenital Dislocations of the Hip Joint, with Illustrations.

No. 4.

Case of Exsection of the Entire Radius. Case of Exsection of the Three Lower Fourths of the same Bone. Remarks on Osteo-aneurism, with a Case.

No. 5.

Case of Amputation at the Shoulder Joint for the Removal of a large Osteo-fibro-Cancerous Tumor of the Humerus, with Remarks on Amputation at this Joint. Case of Penetrating Gun-shot Wound of the Heart.

No. 6.

Case of Double Congenital Dislocation of the Hip Joint. Remarks on Double Capital Operations, with Cases. Remarks on the Comparative Merits of the Partial Amputations of the Foot. Remarks on Amputation through the Ankle Joint.

No. 7.

Successful removal of a large Fibro-cartilaginous Tumor, growing from the Sixth and Seventh Ribs, over the Region of the Heart. Remarks on the Treatment of Varicose Veins of the Lower Extremities, with Cases. Remarks on the

Creation of an Artificial Joint upon the Lower Jaw, in case of complete Anchylosis at the Temporo-maxillary Articulation of One Side.

No. 8.

Remarks on the Operation of Double Complicated Hare Lip, with Cases. Remarks on the Etiology of Congenital Dislocations of the Hip Joint. Remarks on the Removal of the First Dressings after Capital Amputations.

No. 9.

Case of Encysted Sanguineous Tumor of the Neck successfully removed with Remarks on such Formations. Remarks on the Purulent Ophthalmia of large and crowded Institutions. Case of Vesico-vaginal Fistula and Stricture of the Vagina, with Formation of Two Large Urinary Calculi in the Vagina; behind the Stricture—Spontaneous Cure of the Fistula.

No. 10.

Two Cases of Amputation at the Hip Joint. Remarks on the Anatomy of Femoral Hernia. Case of Epilepsy treated by Tracheotomy, and wearing of a Tracheal Tube, with Remarks. Remarks on the Restoration of the Entire Lower Lip, with Cases. Cases of Amaurosis treated with the Pomade de Gondret on the Sinuiput.

These Numbers are in course of preparation, and will form one Complete Volume, the First of a Series. The First Number will appear in March, 1858.

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February, 1858.



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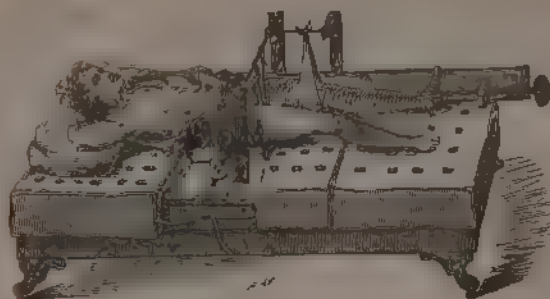
In the prosecution of our enterprise we have associated with us an experienced physician, and a gentleman who understands well and discretely the anatomical features the physician, and his long and adoption of the mutilated member so attentively that both surgeons and their patients may repose to a *utmost confidence* in our ability and care to treat successfully and satisfactorily the worst forms and conditions of mutilated limbs.

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In this respect, as well as in the peculiar and beautiful mechanism of this limb, our mutilated patients are most gratingly inspired in the enjoyment of the superior benefits which science and art afford, and which have not hitherto been associated in the practice of this branch of Surgery. Until recently, and in connection with this invention, the patient, after submitting to a most painful and humiliating mutilation, has been consigned to the care and peripatons of some common artisan, who, being entirely ignorant of the anatomy and pathology of the amputated limb, as a so of the demands of nature, and the regardless of the wounded spirit of his patron, has proceeded to add misfortune to misfortune, and heap humiliation upon humiliation!

The science and art which have distinguished our operations, and given them a triumphant and happy success, we are pleased to know have been generously appreciated and are credited by the most prominent talents in this country and in Europe, our numerous patrons, and the intelligent community in general. In LONDON, a new and popular work on *Operative Surgery* (London) this limb has been honorably noticed as follows to wit:— "The most perfect of all the Artificial Legs we now possess, is the one invented by Mr. B. P. Palmer. This invention received the PRIZE MEDAL at the WORLD'S EXHIBITION of 1851. It merits the entire confidence of the Surgeon." In VERDEAU'S distinguished work on *Surgery*, with notes and observations by VALENTIN MOTT, M.D., Prof. of Surgery and Lecturer on the Art of C. BRIDGES, M.D., Prof. of Surgery, is the following extract, to wit:— "The Artificial Leg of Mr. B. P. Palmer has won the admiration of the most prominent surgeons in Great Britain, France, and this country. This certainly is one of the greatest triumphs of American ingenuity." These limbs are very durable yet light the average weight being four pounds. They are applied to the tenderest and feeblest subjects with entire success. The leg is finely ventilated. In this country it has been exhibited thirty-five times, and in every instance received the award of the highest or first premium. The patient is enabled to walk immediately upon its application, with remarkable ease, comfort, and naturalness.

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For further particulars see Transactions American Medical Association, Vol. X, and New York Journal of Medicine, May, 1857, or address us above.

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" Conium,	do
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" Stramonium,	do
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Sanguinarin,	do
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Stillingin,	do
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" Cimicifuga,	do
" Columbo,	do
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" Dulcamara,	do
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" Leontice, (Blue Cohosh)	do
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" Poppy,	do
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" Rhubarb,	do
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" Sarsaparilla American,	do
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" " " Comp.	do
" Taraxacum,	do

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AMERICAN MEDICAL GAZETTE.

Vol. IX.

SEPTEMBER, 1858.

No. 9.

ORIGINAL DEPARTMENT.

Dr. Lee's Reclamation for Dr. Paine.

DR. REESE: I observe in the July number of the "*Nashville Journal of Medicine and Surgery*" an article by the Editor, purporting to be a reply to my defense of Dr. Paine's claim of being the first to point out the nervous mechanism upon which the excito-secretory function depends, and the first and only one who has applied it to pathology and therapeutics. That defense to which the *Nashville Journal* objects was obligingly published by yourself in the June No. of the AMERICAN MEDICAL GAZETTE. But, besides that brief article, the "*New York Journal of Medicine*" for July has a much more extended one upon the same subject, by the same writer. These articles in defence of Professor Paine's claims have been written by myself as a matter of simple justice due to him from the medical profession, and because of my long familiarity with his writings. They have also made their appearance in different journals, partly on account of my disinclination to occupy an unreasonable space in any one of them, and in part because of the impossibility of condensing the necessary extracts and other proof into one or even two articles that would come within the limits of a medical periodical.

The foregoing articles, therefore, must be taken in connection by any one who would embark upon the utopian enterprise of disproving the claim to a principle which lies at the foundation of all Dr. Paine's writings. But what is not a little remarkable, the Editor of the *Nashville Journal* touches no part of the proof embraced in the article which

he professes to attack, but merely reiterates the piratical premises which it was our object to refute, and calls upon Dr. Paine to say why he had not earlier driven the invaders from his own dominions. This is the entire sum of our critic's effort, and certainly also of his ability, upon the question before us; though I might be unjust to him and myself did I not annex his concluding paragraph, which is generally intended as the most forcible and conclusive part of an argumentative discussion; and, for our mutual benefit, therefore, I shall quote the peroration.

"If we were a bird," says our critic, "we had rather from our own *matrix*! produce an egg, than to sit on all the eggs that had been laid by all the birds since the time when they went forth in pairs from Noah's Ark!"

We have only one comment to make upon this elegant metaphor, desiring only to say of it, that it has the misfortune of overlooking the fact that Dr. Paine's writings were before the public many years before Dr. Campbell's egg was laid; from which it follows, by our critic's own showing, that the egg of the latter was stolen from the prolific nest of the former. "It is a bird of ill omen," &c.

We do not, however, regret, except on account of our critic's fair reputation, that he has afforded us an opportunity of extending our proof in behalf of Dr. Paine's priority in all this absurdly controverted matter relative to the organic influences of the nervous system. We say *absurdly*, for we reiterate the fact, as expressed by Dr. Paine in his "Rights of Authors," that "all that has been granted by Dr. Hall to Dr. Campbell, and therefore all that Dr. Allen appropriates to himself, abounds in the "*Institutes*," and, in fact, constitutes the life and soul (*ζωή και ψυχή*) of the work, as it does also of the "*Commentaries*" and of the essay "on the *Modus Operandi of Remedies*."

The whole philosophy of the "*Institutes*," published in 1847, and of the essay on the "*Modus Operandi of Remedies*," (1842,) as it respects pathology and therapeutics, the only objects of any practical value, turn essentially upon the influence of the nervous system upon the secretions and excretions, the former of which embraces the entire processes of nutrition as well as the glandular and other fluid products.

But Dr. Paine regards the *excito-secretory* function of the nervous system as a very minor part of the influences of that system, the most important of which is its variously alterative effects upon the organic functions; or, in his own language, "in all the cases the nervous power is rendered *stimulant*, or *depressant*, or *alterative* to the organic prop-

erties and functions, and variously energetic, according to the operating cause, and the intensity and suddenness with which it may operate."—P. 107.

Dr. Paine begins his very extended philosophy upon the subject before us by indicating in a general manner the uses and relationship of the two systems of nerves, and we regret that we have room only for the following extract:

"The cerebro-spinal nerves and the sympathetic interchange contributions in all parts, by which important influences of the former are established in the organs of organic life. Nevertheless, the cerebro-spinal system is especially designed for the uses of animal life; but an important final cause is answered in making it subservient to the common interests of the whole being. The sympathetic system is added especially to the organic life of animals on account of the complexity of the organs, and to unite them in harmonious action through *circles* of sympathy, and thus render them, each in its place, conducive to a common end. The cerebro-spinal system contributes to this result; and each system unitedly, or independently, *exerts special influences on the specific actions of organs*, though these actions are carried on essentially through properties inherent in the several tissues." "An important consequence of the foregoing union of organic with animal life is a general coincidence in the pathological as well as the physiological condition of the whole. The diseases of each react mutually on each system of organs; each requires common methods of treatment, and remedial as well as morbid agents operate upon the universal body through any given organ."—P. 55, and so on to the end of this chapter of 24 pages on "Structure."

It will still be our remaining object to present quotations from our author's "*Institutes*," which, with one or two exceptions, do not appear in our former articles, and such as have a direct bearing upon the strangely controverted subject before us. On coming to our author's analysis of the "Properties of Life," we meet with an extensive display of the influences of the nervous system in its functions of *reflex action*, and where is presented all that can be supposed to be, relative to the excito-secretory system, and that system applied pathologically and therapeutically. Our author's extensive disquisition upon this subject of reflex action in organic life is evidently intended as a foundation for all that follows on his copious topics of pathology, therapeutics, blood-letting, and operation of morbid and remedial agents. We shall stop here to repeat one extract, which, in itself,

covers the whole ground in dispute, and stretches as far as imagination may please to travel into the regions of pathology and therapeutics. It occurs at p. 108, after having set forth the anatomical medium of the sensitive and excito-motory fibres of the ganglionic and pneumogastic nerves, through which the influences are transmitted to and from the nervous centres.

"The operation of the nervous power," he says, "is excited through the medium of sympathetic sensibility. This complex process results in the true function of sympathy. Impressions are made by physical and moral causes, by disease, &c, upon the foregoing variety of sensibility, and according, also, to its different modifications in different parts, and the nature of the operating causes. The impressions are then communicated to the cerebro-spinal axis, or to other central parts of the nervous system, and there bring into operation and variously modify the nervous power. The power thus developed, thus influenced, or so modified in kind that it partakes of the nature of the transmitted impressions, which are more or less coincident with the virtues of the remote causes, is then exerted through the motor system of nerves, upon the organic properties of distant parts, or of the nervous system itself, by which those properties and their resulting *functions* and *products* are variously affected, according to the foregoing circumstances. From this fact, it also results, that the modified conditions which are brought about by the nervous power when the preternatural operation of this power depends upon external causes, whether morbid or remedial, are more or less analogous to those changes in the organic conditions which are wrought in parts by the direct operation of the same causes."

Among the numerous exemplifications of the foregoing doctrine, and in immediate connection with it, occurs the following:

"Thus, an impression from cold, or a blast of air, or a drop of cold water upon the skin in syncope, will rouse the respiratory organs. Another impression from the same, and under other circumstances, will excite catarrh, or pneumonia, or articular rheumatism; one degree of impression upon the stomach by tartarized antimony, will determine the nervous power upon the respiratory muscles, (as will cantharides upon the bladder, and mercury upon the *salivary glands*,) and vomiting is the consequence; while it simultaneously *reflects* the same power upon the skin or other organs, and of which *perspiration*, &c., is a consequence. In smaller doses, the respiratory movements are not affected, but only *the condition of the skin, &c.*, and in lesser

degrees. But these examples embrace only certain parts of the influences in each case; while in others they are far more complex, one sympathetic result becoming the cause of others, till, through a single impression upon the skin, various *circles* of morbid or remedial sympathies may be instituted"—P. 108.

The work abounds with similar examples, in many of which, as in the foregoing, the "excito-secretory" function of the nervous system is brought distinctly before the reader. At page 339 occurs an instance which we shall quote, as it is one of the obvious sources from which the term "excito-secretory" has been derived.

"When the food, as in Section 512, induces vascular action and warmth in the skin before digestion commences, that organ, in consequence, reflects salutary influences upon the digestive organs, and thus promotes digestion. When tartarized antimony, in small doses, establishes its sudorific impression, the skin becomes the source of many sympathetic influences upon other organs; thus showing, also, that it is not the perspiration, but the vital change in the organ itself, which leads to results that cannot be initiated by any other mode of *exciting this excretory function*; and so more or less of other parts upon which the antimony may exert its primary sympathetic effect. Thus it happens, that whether remedial agents are applied to the stomach or skin, sympathetic influences are propagated to each, as well as from each to other organs, while each in its turn reflects the impressions back to the brain and spinal cord, from whence they are again returned with increased intensity."

Now, in the name of common sense, we should like to know what difference there is in the words and their import, "*exciting this excretory function*," as employed in the foregoing quotation, and "*excito-secretory function*," as employed by Dr. Campbell?

We might now draw abundantly to the same effect from what our author says in regard to the influence of the nervous system in exciting the secretion of urine as well as of sweat. But we have room for only a single quotation, and we shall present one which shows the operation of the passions, and where the excito-motory fibres of the ganglionic nerve supplying secreting organs are alone concerned. Thus, at page 230, we read as follows:

"For the fulfilment of their final cause, the kidneys possess an exquisite susceptibility to the influence of the nervous power. Hence arises the rapid and profuse excretion of urine when fear and certain other emotions of the mind are in operation. The same affirmation,

too, may be made of the skin, though perhaps less extensively. This, too, is the reason why fear so readily induces copious sweats. In either case, the phenomena are owing to the *direct* development and determination of the nervous power upon the organs respectively. These phenomena, too, prove the great susceptibility of the skin and kidneys to the influence of the nervous power, and are a key to the whole philosophy of the interchanges of action between the skin and kidneys."

As a reference was made in a foregoing extract to Section 512, we shall now quote that Section, and in which our author applies the doctrine of reflex action physiologically to a variety of fluid products, and in which, if he do not employ the term "excito-secretory function," he supplies an instance from whence any mere lover of words might readily deduce it. The nervous mechanism had been already distinctly set forth.

"The various nervous communications of the intestinal canal with the brain and all other organs," says Dr. Paine, "are demonstrative of the ascendant influence which the stomach, particularly, possesses when acted upon by remedial agents. We see all this exemplified, analogically at least, in the endless remote derangements which follow the common irritations and morbid states of the organ, as also of the intestines; we see, indeed, the whole in natural progress. When, for example, hunger operates, an actual sensation is then felt by the brain, and the mind, of course, participates. Numerous and complex influences may be thus brought into operation, of which the stomach is the primary source. The will, being excited, brings into action all those muscles which are necessary to obtain a supply of food, and other muscles to effect its mastication, and convey it to the stomach. Various sympathetic organic influences are in the meantime taking place, many of which spring from the mind itself. Thus, the brain feeling the sensation of hunger, *the salivary glands begin to pour out their fluid* at the sight or smell of food, or even at its expectation. The food establishes an influence upon the nervous centres, by which *an exciting nervous power* is constantly propagated to other parts. *The bile, saliva, &c., are thus increased*, though other more direct sympathetic influences contribute to these results. The stomach being supplied with its wants, all these influences cease and a new order arises. Cut off the par vagum, and none of them will obtain, unless feebly, through the ganglionic and spinal nerves. When the food has undergone digestion, and all exciting impression is removed from the stomach, all

the *reflected influences* of the brain and spinal cord cease in consequence."
—P. 335.

The foregoing paragraph is plain, comprehensive, and to the exact purpose before us, and whoever denies it must be wanting either in common understanding or fair dealing. The paragraph also shows our author's manner of applying physiological processes to pathology and therapeutics. He wields with great effect the laws of *reflex* action, as emanating from those portions of the ganglionic nerve and pneumogastric which supply the alimentary canal, and interprets through this medium the influences which are exerted by internal remedies upon remote parts. In entering upon the subject of cathartics, he says:

"It is owing to these vast and important anatomical and physiological connections, that, when disease springs up in the intestinal mucous membrane, it sheds its morbid influence abroad over the whole system; now developing, sympathetically, cerebral inflammation or congestion; now of the liver; again, inflammation of the skin; at another time of the bladder; in this subject, rheumatism; in that, scrofula; in another, croonp; in others, inflammation of the fauces; here, of the eyes; there, of the nose; here, an attack of the gout; there, abortion; and so on through every part of the organization. Considering, therefore, I say, the foregoing anatomical and physiological relations, and how diseases of the alimentary mucous tissue may give rise to disease in every other part, we may readily comprehend how it is that cathartics exert powerful effects upon distant organs when rendered unusually susceptible by disease; and so of all other remedial agents, internally applied, according to the nature of their virtues, doses, &c."—P. 565.

Let us now look upon Dr. Paine's long chapter upon "*Remedial Action*," and here we shall find numerous exemplifications of the "*excito-secretory function*," and of the nervous channel through which it is conducted. Here, too, as often before, when entering upon any special topic, Dr. P. begins the disquisition by setting forth his never-failing premises as to the nervous system, and in the following manner:

"We have seen," he says, "that the vital property sensibility possesses a modification which I have denominated sympathetic sensibility; that the nervous power is a vital agent, and like other agents develops motion and induces changes by acting upon the organic property irritability, and is exclusively the exciting cause of motion in animal life; that this power or property of the vital principle in animals may be called in a direct manner into increased or preternatural operations by

direct impressions, physical or moral, upon the nervous centres or upon the trunks of nerves; that this power is the efficient agent of remote sympathy, is brought into operation by impressions made upon sympathetic sensibility, which are transmitted by this property of animal life through sensitive nerves to the nervous centres, and there develop the nervous power, which is reflected through motor nerves, upon the irritability of such parts as may be determined by the various influences hitherto expounded, and thus becomes the exciting cause of motion, of morbid or therapeutical changes, &c., in those parts upon which its impressions are made," &c.—P. 661. There follows immediately a summary application of the foregoing statement to a great variety of physiological, pathological, and therapeutical problems, many of which embrace the "excito-secretory functions," and all of them shown to depend upon reflex or direct action of the nervous system—the latter being limited to the excito-motory nerves, as when the passions operate, or when impressions are made directly upon the nervous centres; "anatomy and experiment," says our author, "confirm what each phenomenon, and all united proclaim the work of the mystic power operating on those organic properties which are the moving springs of every action, the proximate cause of every effect; nor can another intelligible solution be rendered for a single phenomenon now expressed, or thousands of similar import, while every other must be in conflict with the pronouncements of nature and the demonstrations of art; nor will an attempt be made, (an attempt that shall commend itself to the understanding,) now or hereafter, to controvert the philosophy which is here presented."—P. 668.

This essay on "Remedial Action" then takes up a variety of problems in pathology and therapeutics, in ample detail, all of which are interpreted through reflex action, and mainly by the sympathetic and pneumogastric nerves in their connection with the brain and spinal cord. We can only give our readers an apprehension of the manner in which these problems are treated, by a single example, and we select one in which our Nashville critic will find something more about the "excito-secretory function" of the nervous system, and probably to his "heart's content."

"When an emetic operates," says our author, "the *modus operandi* is essentially similar to what happens in respiration. The mucous tissue of the stomach being the point of departure, a different influence is propagated to the nervous centres, corresponding with the nature of the exciting cause, with the special vital constitution of that portion

of the mucous tissue, with the compound nature of the stomach, with the special relations of this organ to the central parts of the nervous system, and to the respiratory muscles, &c.; while the nervous power is also modified in its nature according to the peculiar virtues of the emetic, the most sensible result, as in respiration, depends upon the reflection of the nervous power upon the respiratory muscles, while another current descends through the motor fibres of the pneumogastric and sympathetic nerves to the muscular tissue of the stomach. If the emetic operate also as a cathartic, then a new chain of actions is established, in the same way, upon the abdominal muscles, while a current of the nervous power is propagated upon the muscular coat of the intestines; but, in the forgoing case, something more happens than in the natural processes. Here the exciting cause possesses peculiar virtues, is of a morbid nature, and it not only makes peculiar impressions upon the alimentary mucous tissue, according to the exact nature of its virtues, but it modifies the nervous power in a corresponding manner." Then follows an account of diverse effects, curative or morbid, that may be exerted upon various parts through the medium of nerves with which they are supplied, the same philosophy being thus carried out that interprets the more sensible result of emetics. Our author then continues his exposition of the alterative influences of reflex action, as developed by emetics, in the following graphic language, and we ask our Nashville critic whether it had before engaged his attention:

"We thus see," continues Dr. Paine, "that when vomiting springs from the operation of tartarized antimony, and often from ipecacuanha, it is only one of the consequences, and a minor one, of the peculiar irritation of the gastro-mucous membrane. Other and far more powerful influences are determined simultaneously upon the organic properties and actions of distant and diseased parts (perhaps as distant as the most remote extremity) by the same nervous power that shook the respiratory organs during the act of vomiting; and often, indeed, does it happen that those influences are propagated with the most profound effect when the act of vomiting fails of being consummated, and nausea alone shall send with prostrating effect the modified nervous power over the whole system; when we shall see it simultaneously *bathing the whole surface with perspiration; pouring the saliva from the mouth; breaking down a tumultuous excitement of the heart and arteries; starting on the instant a torrent of bile, and an equal effusion from the intestinal mucous membrane, and at the next moment calling up a magnificent play of sympathies for the evacuation of the fluids after the*

manner of an active purgative; *these very effusions, also, instituting other circles of sympathy*, which join in the great work of curative movements. Should vomiting now follow, then shall you speedily see the vital energies returning; *the cold, pale skin giving place to a florid hue and a warm perspiration*; the sunken features starting into the fullness of health; the gastric suffering gone as a luxury obtained; the general whirl of anxiety and distress converted into calm tranquillity; the headache dissipated; the twang of the croup or the grunt of pneumonia no longer sounding an alarm; and all this stupendous succession of events, from the beginning of nausea to the restoration of the vital energies and the near resolution of disease, composing a most astonishing consecutive series of sympathies, may require less time than I have hastily employed in this general allusion to the subject. And now can it be entertained that this has been the result of absorption, or that the laws of chemistry or physics have had any connection with the phenomena? The foregoing may be taken as an example of the principle which concerns the *modus operandi* of all curative or morbid agents, whether physical or moral, and of all the developments of disease that arise as sympathetic consequences of each other."—Pages 667–669.

The foregoing paragraph occurs, also, in Dr. Paine's essay on the "*Modus Operandi of Remedies*," published in 1842, which was in the hands of our Nashville critic, as we learn from his journal, at the time he denied Dr. Paine's priority in the matter before us. We shall make no comments on this paragraph. It is more than sufficient for the intelligent reader that we have placed certain parts of it in italics—those parts which refer to the glandular and other fluid products, whence is at once derived, as in preceding quotations, the term "*excito-secretory*," and in which it will be seen that Dr. Paine *does not limit the excito-secretory functions of the nerves to glandular organs*, but extends it to all other parts. But, as we have said, and have shown in this and our other articles, the same proof abounds everywhere in our author's writings; and as to Dr. Allen's double "*nervous arc*," applied pathologically and therapeutically, and his *exciting and depressing* influence of reflex nervous action, the "*Institutes of Medicine*" can scarcely be opened at any page from the beginning of the article on "*Structure*," at p. 50, to the end of "*Blood-letting*," at p. 777, without finding these doctrines staring him in the face, as the grand elements in all our author's medical philosophy. Should it be said by our Nashville critic that Dr. Paine has not pointed out the particular nerves which

supply the glandular organs, we answer that he has been abundantly explicit in specifications of this nature, though he might with great propriety have dispensed with such details; nevertheless, it adds to the value of the "Institutes." As a comprehensive example of our author's manner in this respect, we may quote the following, which occurs at page 326:

"Different orders of nerves are concerned in the transmission of impressions, more or less, according to the nature of the exciting causes. Thus, the nerves of volition are not those by which organic processes are influenced. Even in the voluntary muscles the irritability which is relative to their *organic* functions, as also sensibility, may be morbidly exalted, and yet the muscles be incapable of obeying the will, as often happens in paralysis." This statement is, then, illustrated under a great variety of aspects, according to the distribution of nerves and the causes that may institute reflex actions upon the organs of organic life. Examples of this nature are of constant occurrence, particularly from page 283 to 380. Many others are interspersed from the beginning of the article upon "Structure," at page 50, to the end of the volume. As one of these more casual examples, we may quote the following specification of the nervous medium through which our author interprets the operation of remedies upon distant parts when applied to the skin, and which covers, essentially, the whole ground claimed by Dr. Campbell and Dr. Allen. In introducing the *modus operandi* of "Counter-Irritants," Dr. Paine remarks that "I enter now upon the consideration of those remedial agents which establish their influences upon internal organs through the medium of the skin; and here is opened to us a display of those sympathetic processes which take their origin in cerebro-spinal nerves along with the sensitive fibres of the sympathetic, and terminate in the motor fibres of the ganglionic system."—Page 642.

We shall not now pursue any further the subject of the "excito-secretory function." If what we have shown at present and in former articles be not satisfactory to our Nashville critic, he will doubtless remain alone in his incredulity. To those who are in possession of Dr. Paine's writings we may owe the apology of saying, that our articles have not been in the least intended to expound or to indicate what must be at once obvious to every reader, but we have hoped that we might be instrumental in correcting errors in other quarters, and in directing attention to the greatly meritorious labors of our countryman. Had our Nashville critic looked a little more deeply into the

"Institutes," he would have seen that Dr. Paine sets up no claim to the discovery of the "excito-secretory function." On the contrary, he says that the function was discovered by Wilson Philip as early as 1815, and he quotes from Philip's experiments, as contained in the London Philosophical Transactions, for the purpose of applying Dr. Philip's demonstrations of the physiological influences of the nervous system upon the secretions to pathology and therapeutics, and which may be readily found by our critic on consulting the second index, articles *Secretion and Excretion*, and *Reflex Action*. We would also commend to our critic's attention other articles contained in that index, and the references which they embrace, particularly *Sweat, Lactation, Bile, Urine, Uterus, Youth, Nervous Power, Nervous System, Mental Emotions, Alteratives, Remedial Action, Blood-letting*. Dr. Paine claims, however, and very justly, as may be seen by our extracts, a long priority in designating the nervous mechanism through which the secretions are physiologically influenced; and although he has not thought it worth his while to insist upon his priority in the small matter of bestowing a name upon the function, we have shown that he suggested the very name which is now apparently conceded, by nearly all the medical periodicals in this country, to form the only originality belonging to Dr. Campbell. But what is alone of any practical importance, Dr. Paine was not only the first, but still the only one to carry the "excito-secretory function" and all the physiological laws of the nervous system into pathology and therapeutics.

But after all, the whole of this disputation has had its origin in a mere pretense that has grown out of a name. "*Excito-secretory function*" is the magic word which is made to engulph the whole philosophy that concerns the labyrinth of the organic functions in their connection with the nervous system. But it is a word of such partial import as not to convey the slightest connection with pathology and therapeutics, but, on the contrary, to impress the belief that it is limited to the natural state of the body. It disregards all the modifying influences of the nervous system upon organic actions and their products, whether induced by remedial or morbid agents; and the inappropriateness of the term, beyond its mere physiological import, may be readily seen, should any one attempt its introduction into any of the pathological or therapeutical branches of Dr. Paine's "*Institutes of Medicine*." It would produce a confusion that would render them unintelligible. Dr. Allen, in his reclamation, had the sagacity to see this, when he says, in nearly Dr. Paine's language, "*This influence is*

not confined to the mere increase of action, as the term *excitor* might perhaps suggest. The reverse may take place. The excitor may rather become the *depressor*. It would be as correct to say the depressor-motory, the depressor-secretory, as to say the excitor-idem."

Our critic, in this state of ignorance, asks why Dr. Paine did not earlier set up his claim to originality in the matter of the foregoing name and function. Besides the reason just assigned, his works had been many years in the hands of the profession, and, as we imagine, he very naturally supposed that his medical brethren would spontaneously recognize his rights. This reason, indeed, is assigned by Dr. Paine himself; and if our critic had not felt that he was employed in a hopeless effort, he would have quoted Dr. Paine's avowal of his reliance upon that common sense of justice which sooner or later dispenses its judgments in the righteousness of truth. In his essay on the "Rights of Authors," he says, "The author has relied upon his professional brethren for ultimate justice, '*ultimum et unicum remedium, jus aliquando dormitur, moritur nonquam.*'" But the author has lately seen so great an indisposition in certain quarters to allow him any credit for his labors, that he has concluded to make this expostulation, which refers particularly to the following dispute about the authorship of matters in which neither of the gentlemen has any interest, but the writer alone of these Institutes."—Page 913.

Our critic, in the infirmity of his cause, devotes much of his article to an obvious typographical error which occurs in our communication to the MEDICAL GAZETTE, in which we are made to say that "there is scarcely an idea in his (Dr. Campbell's) essay but what may be found in the writings of Dr. Paine, *or* has been advanced in his annual lectures for the last seventeen years," the word *and* instead of *or* having been written in our manuscript; nor will our critic entertain any doubt of this statement, or that we intended to say that the whole compass of Dr. Campbell's ideas was embraced in Dr. Paine's writings, after he shall have read the present article, though we would commend to his attention the extracts which we have made from the same writings in our article published in the *New York Journal of Medicine*. Lest, however, our critic should still avail himself of typographical errors, we will anticipate this infirmity by stating that no less than *twenty-nine* appear in our article in that periodical. C. A. L.

DR. W. T. G. MORTON, AGAIN.

This everlasting claimant for a moneyed contribution from the public, and which he levies upon governments, corporations and individuals of all sorts, for his participation in the earlier experiments in etherization, in utter disregard of other and better men, both dead and living—and whose claims to priority of discovery he affects to ignore—has at length located himself for the nonce in and about New York, and is regarded a very great bore.

After years of lobbying at Washington, and his failure to tap the public treasury to the tune of \$100,000, by reason of the Congressional appreciation of his fictitious pretensions; and after the claims of originality and discovery of Dr. Wells, of Hartford, since deceased, have been established by irrefragable proofs, and the recorded collusions of this Morton with Dr. Jackson, in smuggling out a joint patent, with the purpose of monopolizing the "Compound Preparation of Letheon," for purposes of private gain; who could have believed that physicians anywhere could be found to countenance this Morton in his begging expedition through the country? And especially is it marvellous, that under this pretence \$250 should have been wheedled out of our Commissioners of Emigration, and \$1,500 should be sought from the Governors of the Alms-House, as a reward for a *DISCOVERY*, which some of *the very men!* now engaged in certifying to Dr. Morton's title, have under oath attributed to Dr. Horace Wells, of Hartford, whose widow and children are entitled to such reward, of which ample proofs have been furnished.

The reader is now referred to the testimony of Professor Valentine Mott and Professor Willard Parker, of this city, who are now most strangely found bolstering up the pretensions of Morton.

Deposition of Prof. Valentine Mott, M.D., of the City of New York.

"I, Valentine Mott, of the City of New York, surgeon, do affirm, that the first intimation I ever had of the probable application of the influence of the nitrous oxyd or sulphuric ether to obliterate all consciousness of pain in surgical operations, was derived from the late Dr. Wells of Hartford.

"When on a visit to New York he called upon me, and made the fact known. He stated that he had used ether for the extraction of teeth, and he believed it might be employed for the same purpose in great surgical operations.

"As he first applied the ether for the purpose of producing anaesthesia, he is fully entitled to the credit and honor of the discovery.

"This interview was some time before any publication was made anywhere on the subject.

"My impression is, that as various chemical agents will produce anaesthesia, they all may be used, with proper care. I began with sulphuric ether, but after Dr. Simpson, of Edinburgh, sent me his pamphlet, I immediately had the chloroform made, and have used it ever since, and am perfectly satisfied with it."

New York, December 20th, 1852.

VALENTINE MOTT.

Sworn to before me, this 23d day of December, 1852.

HENRY A. KERR, Commissioner of Deeds.

*Extract from the Deposition of Professor Willard Parker, of the
City of New York.*

"While an academical student at Cambridge (Mass.) I became acquainted with the influence and effect of nitrous oxyd gas upon the human system. In the spring of 1831, during the course of public lectures in the Vermont Medical College, (then the clinical school of medicine,) at Woodstock Vermont, the students of my class, after having used nitrous oxyd gas prepared for them by the chemical Professor, took up the use of sulphuric ether and they were in the habit of making themselves intoxicated and insensible by its inhalation. I finally checked them in the employment of ether, fearing deleterious effects.

"I further say, that I then observed that the operation and influence of the above agents when inhaled were very similar. It has long been known that nitrous oxyd gas, sulphuric ether, chloric ether and like substances, would produce intoxication and even insensibility but it was not known that these agents could be so employed as to suspend all sensibility during surgical operations, and that too with safety, until the discovery of the late Horace Wells. I further say, it being known that nitrous oxyd would produce anesthesia in surgical operations, it would suggest to any one having any knowledge of the two substances, that sulphuric ether would produce the same effect, and the substitution of the ether for the gas does not, in my opinion merit the name of discovery. The merit should in my judgment, be awarded to the man who first applied either of these agents for anæsthetic purposes, and I am very confident and strong in the opinion that that man was the late Horace Wells, of Hartford."

The deliberate judgment of Professors Francis, Mussey, and many other eminent men, and their endorsement of Dr. Horace Wells as the true and only discoverer of the anæsthetic effects of nitrous oxide, ether, and other analogous agents, are before us. But we only insert those of Drs. Mott and Parker, because they are now helping Morton to ignore the claims of poor Wells, who is no more. For this extraordinary inconsistency we are unable to account, since their certificates are certainly on both sides, though a wag at our elbow suggests that "moral insanity" is here exemplified.

The facts are all in a nut shell. In the year 1844 Dr. Wells employed both *nitrous oxide gas* and *sulphuric ether*, by inhalation, to render his patients insensible during the extraction of their teeth, and other surgical operations. During the same year, (1844,) he visited Boston, lectured and experimented before Dr. Warren and his class, and revealed to Morton, then a Dentist, not a Doctor, the discovery he had made, the like disclosures being made by Wells to Dr. Jackson.

It was not until two years after, (1846,) that Morton, instructed by Jackson, and under his guidance, announced his own trials of ether inhalations, when, after a conflict between them as to the claim to the discovery which Wells had made two years before, a compromise was effected between Morton and Jackson, by swearing out a patent to them jointly as discoverers, thus ignoring Dr. Wells altogether. To secure this monopoly, they claimed to have discovered a *compound preparation called Letheon*, which was offered for sale to dentists and physicians, as a secret, which being patented could not be had but by the purchase of rights.

Dr. Wells ceased not to proclaim that the "compound" was only ether, and to insist upon his priority, though he had a preference for nitrous oxide gas. Hence he protested against its being patented, and, with his friends in Connecticut, urged his sole right to the discovery, and declared that it should be *free as air* to the profession and the world. But Morton and Jackson have gone on at home and abroad to set up rival claims to each other, the former as the first operator, and the latter as discoverer, until their clamor and injustice are alleged to have driven Wells to insanity and death.

But we forbear to say more than to express our full conviction, which is founded on evidence to be furnished hereafter, possibly in our next number, that to Dr. Horace Wells, late of Hartford, Conn., belongs the sole merit of the discovery of anæsthetics. And that both Morton and Jackson availed themselves of his knowledge and experience, derived from himself, to set up rival claims separately and conjointly to priority, of which they have no just pretensions.

We know not how others may regard the equity of this case, but we are free to say that if we were to share in the contribution now attempted to be levied upon individuals, corporations, or legislatures, we should not complain of the accusation that we were raising money under false pretences.

And we cannot forbear to add, that the Commissioners of Emigration and the Governors of the Alms-House have no more right to squander the people's money, of which they are Trustees, upon this Morton, than to vote it to any other supplicant, who has failed to make good his patent.

We conclude for the present with the following paragraph, ascribed to the pen of Senator Truman Smith, and to the justice of which we subscribe:

"The case of the unfortunate Horace Wells is now before us—of that man who did more for suffering humanity than any one else from the days of Jenner, and who, had God spared his reason and stayed the hand which cut the thread of life, would at this moment be the acknowledged savior of anæsthesia through all the civilized world, and associated in the same bright galaxy with Jenner and other illustrious benefactors of mankind. Shall imposture be permitted to usurp the place of merit? shall ignorance and presumption overtop all the emanations of true genius, and all the promptings of a generous, noble and self-sacrificing spirit? shall artifice, chicanery and mendacity stand before sincerity, rectitude, truth and honor? and shall an attempt to commit a piracy on the reputation of the dead, and to rob the widow and the fatherless of what they deem a priceless jewel, be held in as high esteem as the memory of one who consecrated all his best faculties and almost energies to an alleviation of the keenest pangs of humanity, and who went down to the grave a victim alike to his success, and to the opposition which that success prompted? Until these things happen there can be no failure of justice for the family of Horace Wells."

SELECTIONS.

[From the Nashville Medical and Surgical Journal.]

Brief Exhortations to "Young Physic." Professional
Morality and Religion.

By J. W. SINGLETON, M.D., Smithland, Ky.

(Concluded from the July No.)

Prominent among the many evils with which we have to contend is the foul influence of intemperance. This habit not unfrequently begins with the student during his first course of lectures, sometimes before, and most unhappily descends along the whole course of his life, gaining strength from age, blurring his name and ruining his prospects of success. Under the false impression that "a horn" will brighten his ideas and quicken the energies of his too sluggish mind, he by degrees sells himself beyond redemption to the "serpent of the still," blasts his hopes of usefulness, and makes shipwreck of his salvation. Having been lured away from the manly paths of rectitude and sobriety, his soul and body become fit spiritual media for the brutal manifestations of the "old Cognac" and "old Bourbon," he compromises his professional character and standing, and literally barter himself to the Prince of Darkness. His heart becomes corrupted, his eye no longer sparkles as a radiant index of the soul's nobility, and that awful state of mental depravity follows, wherein no ray of moral light, it seems, can ever penetrate to illumine the fallen, degraded "Temple of the Living God" again. The hand trembling in consequence of deep potations, the uneasy step and tottering gait, the maudlin bacchanalia of insipid jest and drunken song, from the fumes of liquor in the brain, an artificial madness, are these proper requisites for a minister of mercy?

Where is the cool head, the calculating and discriminating perception? Where is the steady hand, whose offices should be dictated by the decisions of judgment, and moved by the impulse of duty? They are not in the possession of a drunken doctor, or the physician who indulges freely in the intoxicating glass without visible signs of inebriation. For can the poisoned administer to those who have taken poison? Can "the blind lead the blind?" No. The leader must finally fall into the ditch, and the patient into the grave! It has been said, and with some appearance of truth, that well-disposed, warm-hearted men are most liable to be led away into the meshes of drunkenness. A proverb as old as poor Richard's maxims, was somewhat on this wise, "we seldom see a mean man take to drink." Physicians

as a class are a generous natured race of beings. Mankind draw so largely upon their sympathies, that liberal conviviality and good cheer constitute a kind of social education with them. They take most particular and special delight in such delightful scenes, consequently their temptations are manifold, and hence the constant exercise of circumspection in all their movements is highly necessary. This is our only means of self-preservation. For there is no occupation where men are more punished by public sentiment for a dereliction of morality or duty, than that to which we belong. We are perpetually watched, and our every action and speech is weighed in the balance, approved or condemned every day, even by those who are in numerous instances not at all competent to judge. We frequently gain credit when we do not deserve it, and many black marks are recorded against us unjustly, for it is true that public ignorance is often the arbiter of professional intelligence. Such being the very uncertain condition of our rewards and punishments while on this earth, it is our bounden duty to protect ourselves by increasing the force of a dignified moral resistance to temptations of all sorts.

Drunkenness is the great "Black Hole," wherein many of our brethren have fallen, who were by nature and education fitted to become bright and shining ornaments of civilization.

But the tempter came, and with its delusive enchantment caused them to fall. Beware of this! Bore in mind th's general rule, which we contend cannot be successfully contradicted—the man who invites you into a tippling house to drink and carouse with him, however he may regard you personally, would be the last person to call you to his bed-side if he happened to be taken violently ill. To be sure he would not hesitate to ask your advice as to the getting rid of a few troublesome warts and corns, but in weightier matters he will much prefer a medical gentleman whose head is cool, and whose hand is steady, and whose mind has never had its equilibrium disturbed by the hellish fires of intoxicating liquors. What would you think of a doctor who enters the hallowed chamber of innocence and virtue, to attend a sick maiden, with the abominable stink of whiskey in his breath, with drunken swagger, feeling his way to the side of his suffering charge? What would your opinion be of a man who calls himself a physician, who is called to superintend the entrance of "a little stranger" into this world, and in case of great difficulty and alarm to endeavor to save the mother and the child, or to justly sacrifice the latter for the safety of the former, while he, himself, is in a state

of even partial intoxication? What would be your condemnation? Who would countenance an important operation in surgery by a surgeon "in his cups?" Who would call him even to extract a tooth? Yet, my fellow students, your humble writer has witnessed the scenes that prompted all of the foregoing questions. We refer you to your own recollection for further instances of the same sort. They have been enacted all around us, to our shame and disgrace. Let us be the instrument, by the force of salutary precept and example, to rid ourselves of the dread incubus, intemperance. The duty is a most responsible one, for in contending against this great enemy to the peace and happiness of the human family, we will have to fight the mercenary hirelings of its cause and the most depraved characters of our fellow beings, who for purpose of gain deal out the "liquid fire" from the maddening bowl, drugging and dragging the image of God down to the level of bestiality. We are vitally interested in this matter, religiously, morally and pecuniarily. Who can do more towards reforming the various communities in which they live, than thoroughly educated, accomplished, and humane physicians? Our moral and religious influence should be felt for good. Let us throw our whole weight in the scale and bear down all opposition of evil. Reflect for a moment, who has to bear the brunt of consequences of drunkenness outside of the profession. Are rifled huts and straw pallets of misery that we have to visit, no arguments in favor of total abstinence? Are roofless cabins, fireless hovels, with foodless, rickety tables, and death in destitution and want, abject and horrible, no warning to make others shun the ways of the drunkard? Unpaid bills come in for food and medicine (to say nothing of services,) from our humble treasury. The physic given without a spoon to give it in, while the woes of fallen man cry aloud to the self-destroyer, "This is thy work." Then let it be our purpose to spread the influence of temperance on all sides and under all circumstances.

Furnish in your own lives a divine exemplification of the blessings of total abstinence, for the redemption of our species and for the glory of scientific men.

We have a class of persons in our midst, who, by the laws of civilization, are excluded from the pale of refined and virtuous society, and with whom men have but little to do, save for purposes of criminal association and intercourse. Fallen angels, "who held not to their first estate," but were seduced from the haunts of virtue, down into the pit of everlasting destruction. How they first dawned into life

the love-fruit of infancy and innocence, and were reared by the hands of tenderness and affection upon warm and maternal bosoms. How they grew into the beauty and fascinating attractiveness of blushing womanhood, little dreaming what awful things the future, for them, held in store. And now their fair names blotted out, lost—forever lost—their sense of virtue and delicacy in great measure destroyed, they are abandoned outcasts from all decency, and inhabitants of the sewers of infamy and shame. Save and except some roving prodigals who “spend their substance in riotous living,” and in keeping up these dens of prostitution, none but the medical man is allowed by public opinion to enter therein, and then only in case of sickness. The ministers of the Gospel, who might be conscientiously interested in the work of bringing back the many unfortunates to virtue, if they do but seek them for that purpose, the righteous frown upon the preachers for such designs, and consider their holy robes defiled from simple contact of those whom they are seeking to redeem. Hence it is that the abandoned female is abandoned indeed, and cursed without the benefit of the clergy, while the seducer can go on sinning upon sin, and when he dies have some superb monument to perpetuate his sterling virtues. The seducer becomes embalmed “in stoned urn,” while the seduced ends her days in shame, and is buried in the Potter’s field bequeathed to a medical college, and eventually finds her resting place in Golgotha. It is not our purpose to murmur at the decrees of society. We would not try to uproot any of its laws. In the latter instance the punishment is just and merited. It might, comparatively speaking, be a little too severe, because she is placed without the pale of repentance and reformation, while her paramour is hardly required to repent, much less to reform. His sovereign panacea for a loose reputation is to form a matrimonial alliance with decency and respectability. So it is that the weaker vessel is frowned down, and even out of the pews of the church of Christ, condemned, everlastingly condemned, and the stronger receives his rewards. Physicians are the only privileged persons, who are allowed to minister to this terribly unfortunate race of prostitutes. When sickness, or accident, makes them invalids, the doctor’s advice is immediately sought, and if he is a good man, thoroughly imbued with the spirit of his holy calling, he has it in his power to do much toward ameliorating the condition of these unfriended outcasts. What a vast field for the workings of a true philanthropy if men only had the moral courage to embark in it without fear of having their motives questioned? There

are hundreds and thousands of young women who have just entered the many purlieus of prodigacy from the force of necessity, almost. Having been blessed with education, and with refined and cultivated manners, and whose charms, alas! only sparkled to delude themselves, bosoms yearning with tender anxiety for a higher and purer life, which one false step has eternally denied them. They are anxious to forego the falsely styled pleasures of vice, if they were only allowed to repent and reform. The memory of ruined families, the sacrilege committed upon the fair names of virtuous mothers and doting fathers. The poignant reflections which inevitably spring up in consequence of the terrible misdemeanors of which the abandoned have been guilty. Think you that even harlots do not feel? Yes, they do. They are human as well as we. Many of them would seek new homes and associations were it not that this dread name of "bawds" will follow them, mocking each effort towards their own regeneration. Do not think, my brethren, that I would hold that society should be made to receive one of these fallen creatures into its midst. I would advance no project which should be calculated to compromise virtue in its contact with vice. But I do say that as physicians are the only privileged class employed in visiting these mothers and daughters of shame, they, by their moral influence, can do much towards bringing about some system of moral redemption. For, although the church makes itself the instrument of receiving all manner of repentance from man, yet the poor, weak, and despised woman, it seems, is seldom ever included in the minister's prayerful supplication to the Throne of Mercy! God Almighty in the flesh said to the woman who followed him, seeking his blessing, "thy sins are forgiven thee. Go and sin no more." Shall mortal man be more just than God? Proud man, who made thee a judge and an executioner? It would be well, then, for those who are filled with the divine essence of philanthropy, to devise some means in which the fallen creature can live in a redeemed community by themselves, engaged in industrial pursuits, build moral societies among themselves, and erect one common altar to receive the offerings of repentance for past misdeeds and pledges for future good conduct. Let them have their reforms from the circle of those who have been instrumental in dragging them down from the high pinnacle of virtue and chastity. The world must grow better and better every day. What the ministers of a holy religion are not permitted to be, the moralist must perform, and hence the privileged class, as moral devotees, can do much that the former have undone. You will frequently be called

to attend the fallen sisters, under circumstances of affliction of various kinds. It is under such a state of mind and body that the heart feels most keenly a sense of its unworthiness. Remorse of conscience sets in and contributes much to the violence of each and every malady. There are hours when the soul recoils upon itself, with horror at its own deep degradation, and through a vale of tears the immortal emerges, yearning for brighter days and a better reward than is to be found while receiving "the wages of sin." There is the accepted time to give your good advice and make your morality and religion the means of their liberation. I repeat, again, what a vast field for the constant exercise of true philanthropy. Let the fallen angels be colonized on the Botany Bay principle. Perhaps a race of moral heroes shall spring from the ashes of virtue.

There is a religion of life which has not its commencement from the formal introduction of our names on the roll-book in the tabernacle of church or sect; that religion may be a good or it may be a bad religion. The true religion of the profession of medicine is intelligent, kind, peaceful, noble, and universal. It has its origin in the pure, native longings of the soul to wear the crown for good actions here. It is bound by no laws of selfishness and restricted by no mock formality. It rejoices over the triumphs of art against disease, and weeps upon the bier of man's last crumbling remains. It is the religion of the man of science and humanity, for there is God in science, and Heaven in the heart of him who exercises it, duty in one hand and charity in the other. It should be with us the most noble precept and practice, the practical workings of Christianity. Let our mission be to bind up the broken-hearted, succor the distressed, raise the fallen, and to make ourselves, as far as possible, a sovereign antidote to all the ills of life. We should be teachers of morality, because we know and can demonstrate the effects of immorality. We should be exemplars of religion for the sake of doing credit to our own intelligence. Our faith in our Heavenly Father must be founded "on a rock," and while we move amid the changing scenes of this probationary state, through troubles, cares, and weighty responsibilities, let us never forget our professional morality and religion. Adieu!

THE PROFESSION AND HOMOEOPATHY.

It is not because we are in love with this subject that we again take it up in our editorial pages—the contrary, rather, is the case; the topic is nauseous in all its aspects and relations. It is only be-

cause we honestly believe that a great principle is involved in our day, by the attitude into which the peculiar species of quackery termed Homœopathy has been brought relatively to the science of Medicine, that we continue to consider it.

Differing opinions have found expression through the medium of this Journal, from professional friends whom we truly honor and esteem; and the discussion has been conducted upon the most courteous and pleasant footing. Our own views have undergone not the slightest alteration since our first article of this tenor (March 11th, 1858), except it be that we feel more strongly than ever how much the younger members of our profession must suffer, if the public be given to understand that homœopathsists are met by us in any way whereby it shall be interpreted that we recognize them as our peers in medicine.

This phase of the question may not—we would say *cannot*—according to the present indications, present itself clearly to such gentlemen of our order as see no obstacle to holding consultations with homœopathsists. But to allow the latter practice to prevail, and have the sanction of the wise and good and revered of the legitimate profession, is a suicidal act, whose consequences will recoil on the young and middle-aged amongst us, and on our successors indefinitely.

It is, we confess, refreshing to us to read of the manly and strictly honorable course pursued in this matter by the profession abroad. In Great Britain, it would seem that the sentiment and feeling are unanimous as to the bearing which should be maintained by true physicians toward charlatans of every grade. Of late, by a coincidence worth remarking, the *Lancet* and certain other British medical periodicals have boldly declared their sentiments upon holding consultations of any description with homœopathsists. For ourselves, we are constrained to adopt to the full extent the strong and noble language used by the *Lancet*. Why, it may pertinently be asked, should honest and regular physicians hold any parley whatever in this matter? What have we in common with homœopathsists as regards our medical belief and practice? Nothing, so far as we are aware. What motive, then, can properly be pleaded for extending the slightest encouragement to men whose every aim is to supplant us; and worse than all, who nearly always endeavor to effect their ends by false pretences? It is very much like warming vipers in our bosoms, who will sting us to death, if they can, without the slightest compunction. It is true, we believe that the time will come, and that before long, when this false system will expose itself still more completely than has

hitherto been the case; but no favor ought, for a moment, to be shown to the upholders thereof, in any manner, or by any honest man.

In this connection we again take pleasure in referring to the admirable little work just issued from this office, entitled "Quackery Unmasked." Dr. King, of Taunton, in this state, its author, has clearly and tersely set forth the different forms of that Protean evil which overruns our land, and to which many of "the ills which flesh is heir to" may unquestionably be traced. We are the more gratified again to use terms of high commendation in speaking of the work, from having seen a flippant and consequential criticism—if indeed the notice deserves that name—in a late number of the *Boston Journal*—of the 25th inst., we believe. The tone of the few lines there vouchsafed us is, indeed, altogether beneath the author's or our own notice—and we merely mention them to show how common it has become for every petty scribbler to talk pompously about things out of his province. When, as in this case, one of the tribe presumes to charge a highly intelligent physician, of long and varied experience, much acumen, and no little literary ability, "with a great want of minute and exact information concerning the topic of which he professes to treat," and asserts, also, that he is "hasty" and "superficial," we are inclined to laugh rather than be indignant. We do not hesitate to say that any person, professional or lay, who will read Dr. King's book, will not only pronounce a different verdict from the prejudiced one referred to, but will be entertained by the pleasing, quaint style natural to the writer, and instructed by his communications. The book is eminently one which may advantageously be read at large in the community. An impartial judgment from the public would easily set aside the half-patronizing, half-sneering estimate of the daily journal quoted.

A large part of Dr. King's book is devoted to the examination of homœopathy, which just now takes the lead of the motley array of quackery—marching somewhat in advance of, but still in company with the adherents of so-called Indian Medicine, Mesmerism, Spiritual "healing mediums," &c. We think his *exposé* of the system at once just, clear and convincing.

We referred to the statements of the *Lancet*, and to the thorough condemnation which all connivance with homœopathy meets with in Great Britain. A few extracts from the above-mentioned journal will prove our assertions. The chief thing which has lately brought the question of consultation, by regular physicians and surgeons with homœopaths, into discussion in England, is an instance in which Mr.

Fergusson, the distinguished surgeon, was called upon to see a patient afflicted both with retention of urine and an homœopathic medical attendant. Now we are prepared at once to say that a surgical case of this nature has quite a different aspect and quite other requirements than a purely medical one has; and if, as is most probably nearly always true, the homœopathic practitioner does not know how to pass a catheter, some competent man must be sent for. It is very different, however, in medical cases. With regard to Mr. Fergusson, it seems much indignation had been expressed, because it was apprehended that he had countenanced homœopathic pretence by his presence and aid. In order, however, to clear himself from such an unfounded aspersion, Mr. Fergusson says, in the *Lancet* of May 8th, 1858, "I accompanied Dr. Bell to Lincolnshire, on the 26th of February last, to see an urgent surgical case. I have not seen the patient since. I do not consult with homœopaths; and I am not, and never have been, in attendance on a Noble Duke in conjunction with a homœopath. I have no faith in homœopathy. I give no encouragement to homœopaths to consult me. I never refuse my surgical assistance when it is called for in any urgent or important case; and were a fatal result to arise from any neglect of mine, I should consider my conduct unjustifiable."

Such surgical assistance can in no wise be termed *consultation* with homœopathists. The surgeon's duty in similar cases is clear. It is very different where a plea of surgical interference is set up, when the surgeon thereby advises, continues in attendance, and goes hand in hand with the homœopathic practitioner. Compare such a course with Mr. Fergusson's manly, honorable and straight-forward one—the lesson is worth the reading.

And in this connection the comments of the *Lancet* of May 15th, 1858, are pertinent:

"The profession will of course rejoice to hear this disavowal of any co-operation with charlatanry from Mr. Fergusson. We agree with him that when a surgeon is called upon for his assistance in an urgent case, he is bound to give it, *pro hac vice*, even if he knew a charlatan to be in attendance. Humane consideration for the ignorance or folly of the sufferer will dictate to the surgeon the propriety of aiding him in his extremity. But there his duty begins and ends. He must not refuse to listen to the call of a sick man; nor must he go one step beyond this obvious duty. No deference to the station of the patient, no appeal from the patient's friends, no circumstances ought to induce

the surgeon for one moment to lend his countenance, actively or passively, really or ostensibly, to the sanction of what he believes to be imposture and fraud. When he has ministered to the relief of the patient, he should retire unless the quack be dismissed; for should he remain, if only to look on, and thus far participate in the treatment which is dictated by an associated charlatan, from that moment he is imperilling his own character; he is guilty of treason to his profession; he is an accomplice in the iniquity of cheating a credulous sick man; he is bolstering up a lie and a fraud, by giving it the semblance of the countenance of science."

"We are further of opinion that in no case can a medical practitioner be fairly expected to meet a charlatan in deliberate consultation. Such a proceeding is so obviously a farce, insulting to the medical practitioner, and utterly fruitless of good to the patient, that nothing short of a combination of dishonesty on the one part, and of fatuity on the other, can ever bring such a disgraceful absurdity into action."

And a little farther on, we have the following remarks from the same source, and which we most heartily endorse:

"Our brethren in all parts of the kingdom have indeed shown an admirable *esprit de corps* in questions of this kind. They are entitled to a reciprocation of the like sentiments from their metropolitan brethren. There must be no dallying, no trifling in a matter that now touches the most vital interests of the profession and the cause of science. Every medical society, every body in which medical practitioners are associated, ought to pass resolutions binding its members in no way to countenance homœopathic, mesmeric, or any other form of quackery; but to repudiate it utterly and for ever. Such resolutions would be strictly Hippocratic in spirit; they would be in perfect harmony with the oaths and pledges given on accepting the diplomas of the colleges; they are now necessary for the purpose of clearly defining the duties of honorable practitioners of medicine towards themselves, their profession, and the public. With these duties couched in unequivocal language, and emphatically recognized by every one throughout all ranks of the profession, the honor and dignity of Medicine will be vindicated; each member will feel that, in acting up to this spirit, he is supported by the active sympathy of his brethren; and the man who transgresses will feel that he has placed an impassable barrier between himself and the profession he has betrayed.

"We say again, that the hour has come when every man who claims

to be one of us must choose his path. It is clear and straight before him:

"Sunt certi denique fines,
Quos ultra citraque nequit consistere rectum."

"The proverb tells us that we may judge of a man by his companions. He who herds with quacks—he who stoops to pick up a dirty fee proffered in consultation with a homœopath—accepts a bribe to betray his brethren, and forfeits all claim to professional, and, we will add, to public respect. Such men the profession will despise and cast out from amongst them."

In the same number of the *Lancet*, Mr. John Lizars, of Edinburgh, referring to the case in which Mr. Fergusson was implicated, writes as follows:

"I have myself been frequently called into surgical cases, in which I operated, although I knew that the patient had been under homœopathic treatment, but the homœopaths themselves I have never met, nor had ever any dealings with."

In a subsequent number of the *Lancet*, we find certain rules bearing on this question of consultation, which were adopted by the Manchester Medico-Ethical Association, ten years since. Two of these we reprint. "No member shall practise, professedly or exclusively, homœopathy, hydropathy or mesmerism." The other is from their "Code of Etiquette":—"No member shall meet in consultation any medical practitioner who may be inadmissible, by the operation of the by-laws, section 1, as a member of this association."

Still more strong is the language of two resolutions passed on the 21st of May, at a meeting of the South Midland Branch of the British Medical Association, viz.:

"Resolved, That so long as a system has no higher philosophy than the jargon of '*similia similibus curantur*,' nor sounder chemistry than the delusion of 'infinite dynamization,' it is degrading to a man of education to be connected with it. He, therefore, who consents to consultation with homœopaths, be they impostors or dupes, forfeits the respect of his professional brethren and his membership of this branch of the British Medical Association."

"Resolved, That it is the opinion of this meeting that no honorable man, whether physician or surgeon, can meet in consultation a homœopathic practitioner, or, as such, act in conjunction with him."

The extracts which we have made show the intensity of the feeling universally manifested in Great Britain upon this subject. We think

it is rightfully shown and courageously expressed; and we regret to add that the proceedings of the medical societies we have cited, stand in marked and creditable contrast to the lukewarmness manifested by similar associations in this country. Nowhere, surely, is there more crying need of stringent action than among ourselves; and gladly would we recall, were we able, any discussion which ever attained an effective result in our own medical societies, either District or State. The last time the matter was brought before the Suffolk District Society, it afforded a theme for a little drowsy conversation and feeble pleasantry—enough, in view of the importance of the question to the interests of all true physicians, to sicken the latter with our inefficiency in action, and discourage the large class of honest, industrious, ill-requited laborers in our medical field. Cannot a different spirit prevail—and should not the consciousness that our rights are violated, stimulate us to seek and apply the remedy?—*Boston M. and S. Jour.*

Dr. Martyn Paine's Institutes of Medicine.

[*The Virginia Medical Journal* has done itself honor by the following just and generous tribute to our neighbor, Professor Martyn Paine, which is prefixed to an extract from his Appendix to the “*Institutes of Medicine.*”]

In these degenerate days, when all men bow to the sway of public opinion, and are more prone, alas! to be ruled by policy than to follow the guidance of reason and judgment; in these latter days—when the voice of the people is the voice of God, we, at least, should not withhold our praise from him who fears not to stem the current of popular opinion, and who strikes a bold blow in defence of the right. However we may wonder at his hardihood, and hesitate to follow his rash example, we involuntarily admire this uncompromising devotion to his own doctrines, and respect the courage we are too timid to imitate.

The author of the work we have now under consideration is emphatically such a man as we have endeavored to describe. At a period in the history of medicine, when the mind of the profession is running like a torrent, under the guidance of Andral, Louis, and the other brilliant leaders of the pathological anatomists, into the humoral theory of disease—when, too, the reaction against the heroic school of practice had reached to such an extent as to favor the rise and temporary success of the infinitesimal dogma; and more important than all—when the progress of organic chemistry is startling the minds of men with its

bold innovations and brilliant theories in physiology and pathology, it was then that Dr. Martyn Paine, almost alone, with nothing to support him save his indomitable energy, his great learning, and his intrepid heart, stood up before the medical world in defence of the waning school of vital physiologists and the time-honored solidism of Stahl and Hunter. When *médecine expectante* was most triumphant, he still advocated blood-letting and the administration of remedies on the boldest scale. When Liebig, Thompson and Lehmann unite in leading the student through the attractive investigations and plausible theories of zoochemistry, Dr. Paine still gallantly defends the creed of Bichat and the vitalists against all comers, and charges boldly and effectively upon the ever increasing ranks of the humeral pathologists.

It is justly due to this learned and zealous investigator and medical philosopher to say, that we do not believe there can be found another man in America who could have waged this unequal war for so long a time and with such signal ability; and although we doubt whether many of our readers have ever devoted time enough to his various books, tracts and essays, to enable them to do justice to his labors in medicine, yet we will point to everything which has emanated from his pen as being characterized with an amount of learning, profound reasoning, and a power of resistance equal to any emergency. It may be true that often times his zeal has outran his discretion; and we doubt not that he attacks with varying success the *extremists* and free-thinking scholars who have incessantly buzzed about his ears; yet he deserves well of his countrymen and of the profession at large for his labors in behalf of the science, and for the research which every page of his works indicates.

The book before us is devoted to an explanation of the vital theories of Physiology, Pathology and Therapeutics. We anticipate for its author a more enlarged success than that which he received from the publication of his last great work, the Medical and Physiological Commentaries. Indeed, he has incorporated many of the valuable researches and arguments found scattered through his Commentaries, in this more recent publication; and we sincerely hope that those who have feared to undertake the more voluminous production, will not hesitate to avail themselves of the labors of Dr. Paine, when presented in this abridged form. To the student especially, reared in the midst of humeralists, zoochemists and expectant practitioners, we would advise a careful study of Dr. Paine's Institutes of Medicine and Medical Pathology; for while we are not prepared to defend the respected

author in his uncompromising hostility to physiological chemistry—nor can we go with him in his ardent advocacy of the lancet in the treatment of disease—yet we believe that many wholesome lessons may be derived from these pages, and many valuable points in practice, almost ignored by the modern school of medicine, might be revived with advantage and propriety. The almost universal abandonment of general blood-letting may be especially mentioned as a subject worthy of much reflection; and we cannot but think that the practitioner has thrown aside his lancet without reflecting properly upon the importance of the principles involved, or without remembering the weight of authority in defence of its usefulness.

Truth is not often found at either extreme of the arc of science, but loves rather to become the keystone which binds its centre; and so with these discussions and researches into the fundamental principles of life; the man of experience—he who studies day by day the phenomena of health and disease—he who observes the results of practice, whether he claims to follow the ancient school of Galen and the humoralists, or the Hippocratic doctrine of Stahl and the solidists—will never be wise if he forgets the hackneyed but valuable axiom, *in medio tutissimus ibis*.

It is vastly beyond the reach of our prescribed space to enter into a critical detail of the numerous and important topics discussed by the author in physiology, pathology and therapeutics; but we will repeat our earnest advice to the reader, to turn to the book itself and give it his attention. We can but be astonished at the amount of ground traveled over by this zealous student, and we may point him out to the young in the profession, as a noble example of what may be accomplished by those who will imitate his industry and perseverance in the search after knowledge.

CONSULTATIONS WITH HOMŒOPATHS.

Much remark has lately been elicited in the medical circles of London, as well as among the members of the profession generally in Great Britain, on account of the fact that several physicians and surgeons of high standing in the British metropolis are in the habit of meeting homœopaths in consultation. It appears that Mr. Fergusson is one of those who have rendered themselves particularly conspicuous in this respect. In a card, however, published a short time ago in one of the London Journals, he denies that he is in the *habit* of consult-

ing with these men, but admits that he does not hesitate to meet them in all cases of emergency, on the ground that it would be contrary to the dictates of humanity to let a patient suffer simply because he was under the care of one of these practitioners. With all deference to the Queen's surgeon, we think him decidedly wrong in this opinion; nay, we go farther, and assert that any man who entertains such a view is totally ignorant of the fundamental principles of medical ethics, and sadly unmindful of the duty he owes to his profession. What, forsooth, has suffering humanity to do in a matter of this kind? Is it not more probable that the great lever which moves to such a disgraceful violation of ethics is the expectation of a fat fee, or a dread to disregard the influence of the wealthy and influential? If his Grace, the Duke of Shetland, breaks his leg, and is fool enough to employ a homœopath until mortification has taken place, is it incumbent upon Mr. Fergusson to go to his relief when he is requested to do so, without declaring that he cannot meet his attendant, and that he will not recognize him in the case in any form or manner whatever? No practitioner is guilty of inhumanity who respects his own dignity and honor under such circumstances. His Grace need only dismiss the so-called doctor; the path is then clear, and any man may step in and occupy it. To consult with a homœopath is to place ourselves on a par with him; if the surgeon amputates a leg for him, and the after-treatment is confided to his care, it plainly implies that the surgeon has confidence in his skill and judgment, otherwise he would not allow the case to remain in his hands. What stronger endorsement could he give the quack? We are rejoiced to find that the profession of London has taken this matter in hand, and is determined to single out these friends of homœopathy. Let them take a bold stand upon the subject, and signally rebuke these men for the inconsistency and palpable impropriety of their conduct. The higher their position the more reason is there why they should be censured. An honorable physician should consider his profession as sacred as the person of his wife; he should no more think of coquetting with homœopathy than a virtuous husband should think of introducing a harlot into the domestic circle. It is an unclean thing, and should not be touched.

We believe this practice of consulting with homœopaths is not peculiar to our English brethren; indeed, we know it is not, for we have authentic information of the fact that the same offence has occasionally been perpetrated in this country. The instances, however, have been few, and we recollect no case where the outrage has been com-

mitted by a physician occupying a high professional position. What is more surprising still, is that a State Medical Society, one of the oldest in America, should harbor homœopaths among its members. Can it be true, as is alleged in the May number of the St. Louis Medical and Surgical Journal, that the Massachusetts Medical Society is guilty of such an outrage? Our cotemporary asserts it as a "well-known fact," and justly adds that it is a blot on the fair name of this ancient and *once* honorable body.—*N. A. Medico-Chirurg. Review.*

Fatal Disease of the Appendix Vermiformis.

A Paper read before the College of Physicians of Philadelphia.

By DR. CASPAR WISTER.

The appendix vermiformis exists only in man and two superior species of the quadrumana, the orang and the ape. It is the type of the prolonged cæcum common to all other mammiferous animals. During fetal life it is continuous with the cæcum, and of the same size, and is developed from the cul de sac of the latter. Bischoff admits that the earliest recognition of its origin was by Meckel, in a fœtus seven lines in length.

The appendix is ordinarily three inches long, with a diameter of two lines, but is subject to great variety of size as well as position. Occasionally it is entirely absent, while Welga has seen it nine inches long, with many convolutions, and Autenrieth four, and as large as the colon.

It is entirely enveloped by the peritoneum, which forms for it also a true mesentery, holding it loosely in position. The muscular coat is not in bands, as in the colon, but surrounds it as in the rectum. The lining membrane is continuous with that of the cæcum, and forms a valve at the entrance, the falciform edge of which looks towards the right and downwards. This valve, in most instances, prevents the introduction of foreign bodies, but permits free exit to mucus, of which in adults there is a large supply, with rarely any admixture of alimentary matter; in infants, on the contrary, it is filled with meconium. The glands within are very numerous, and of the solitary variety. The extremity of the appendix is found at times in the pelvis, more commonly posterior to the colon; its position is entirely uncertain.

The function of this body is supposed to be similar to that of a gland; it furnishes an acid secretion which causes the chyme in the cæcum suddenly to acquire the property of reddening litmus paper.

The subject of the following notice was a boy of five years of age, fair skin, light eyes and hair, and delicate physical development, the son of a father lately dead with phthisis.

This child was visited professionally on the first of November; he was at that time out of bed and in his ordinary dress. His expression was languid; he had much fever, with a pulse of 130; his tongue was covered with a slight white deposit, through which the papillæ were projecting, the tip and edges being unusually red. He complained of pain in the abdomen, describing it vaguely as "stomach ache," without giving it any locality. This pain was spasmodic, recurring at short intervals; sharp and griping, but followed by complete relief. At this time there was no pain upon pressure, or soreness over the abdomen. On the afternoon of the day but one preceding, an ordinary walk had been followed by complaints of much weariness, and in the course of the night by the first expression of pain, and this without any chill. Throughout the following day there had been some fever and pain, but this was not thought of sufficient gravity to require medical interposition. There had been no motion of the bowels during the forty-eight hours immediately preceding the first professional visit; and at that time the case had the aspect of an ordinary slight attack of colic, with the sympathetic fever natural to a child of sensitive organization, teeming with sympathies ready to respond to any slight disturbance of the economy. A mercurial purgative was directed, and a febrifuge at intervals. There had been no unusual article of diet taken, except a moderate quantity of chestnuts. The night was much disturbed, with an increase of both fever and pain; the latter still in paroxysms.

The morning of the 2d, in consequence of the purgative not having operated, a copious enema was administered, which produced a large fecal discharge, none of it of a dry or impacted description, but contained distinct evidence of the operation of the mercurial. The child expressed a sense of relief; and, after a dose of oil and a fomentation adjusted over the seat of pain, he was confined to bed.

The following morning, Nov. 3d, there was a spontaneous motion of the bowels, without any improvement; there was now tenderness over the abdomen, although during the paroxysmal pain pressure with the hand was grateful. This pain continued the chief subject of complaint, engrossing the child's mind, and provoking constant expression of distress. We commenced frequent doses of small quantities of calomel,

with full proportions of ipecacuanha and opium, and employed gum in solution largely as a diet.

On the 4th, the symptoms were more grave, greater pain upon pressure, some tympanitis, and soreness attending all motion of the person; the spasmodic pain still, however, caused most complaint, and recurred at short intervals. Leeches were now applied over the entire abdomen, all other treatment being continued except the use of ipecacuanha; this was withdrawn in consequence of slight vomiting. After leeching there was less complaint of pain upon pressure, and soreness and nausea disappeared, while stimulation was found necessary.

On the morning of Nov. 5th, he presented excessive tympanitis, constantly recurring paroxysms of pain, great restlessness, sunken features, some tenderness upon pressure, and a pulse of 140. The child was, after consultation with Dr. Wood, placed under the full effect of opium, with an increase of the mercurial, and a blister over the abdomen. The rectum was relieved of a large accumulation of gas by the introduction of a catheter, but all motion of the bowels was in vain solicited. Under the full effect of the opiate there was less exhibition of pain and restlessness, without any arrest of disease: tympanitis greatly increased, and compressing the stomach caused regurgitation of fluid, and much depressed the vitality of the entire organism.

Nov. 6. Small quantities of oil of turpentine, with full doses of the official solution of morphia, were administered, accompanied by further stimulation. Gradual sinking under the unchecked march of disease, aided by the accumulation of gas, terminated in death on the 7th of the month, seven days after the commencement of treatment; this being the result of a disease deficient in symptoms sufficiently distinct for satisfactory diagnosis, and only decided in the steadiness with which it resisted treatment.

After death the abdominal cavity was found dry, with indications of peritoneal inflammation, consisting most conclusively in a few patches of pasty lymph upon the intestinal surfaces. There was an engorgement of the vessels of the intestines, but being in longitudinal bars from the diaphragm to the pubis over the entire mass, there was some doubt as to the time of its occurrence, particularly as signs of incipient decomposition existed elsewhere. The intestines, from the pyloric orifice of the stomach to the sigmoid flexure of the colon, were greatly distended with gas, and contained, besides, a large amount of fluid fecal matter. The stomach was empty and much contracted, the accu-

mulation of gas having pressed it against the diaphragm, and in so doing caused the latter to encroach upon the thoracic viscera, thus rendering the last hours of life a most painful exhibition. The lining membrane of the intestinal canal was healthy throughout, and the cause of death was not manifest until the appendix vermiformis was examined. This was perforated at the lower extremity; the opening being large, with ragged edges, indicating ulceration, and partially filled by a plug of concrete matter of the size and much the shape of a date-stone, composed of small seeds, many of these from figs, associated with concrete matter deposited in layers, and arranged in concentric circles.

In this instance, the extremity of the appendix rested in the pelvis upon the rectum, immediately over the fundus of the bladder; here an effusion of the contents of the intestines had occurred, but in small quantity, owing to the plug having filled the ulceration it had caused in the appendix.

The matter effused had given rise to excessive inflammation and the formation of much lymph, an attempt having been made to form an abscess and enclose the offending fluid. This deposit of lymph extended over a surface of three inches in diameter, was dark in hue, passing into gangrene; and, although adhering strongly to the intestinal surfaces, left them, when removed, healthy in appearance. Those surfaces of the sigmoid flexure of the rectum facing each other in the natural position were strongly adherent for a distance of three inches, and consequently prevented peristaltic motion at this point. This explained the retention of gas after the peritoneal symptoms became decidedly marked, although there had been a free passage of fecal matter in an early stage of the disease.

Again, the son of a very distinguished physician of this city, twenty-two years of age, passed Sunday evening in the society of his family and a small collection of his father's friends; he was gay and apparently in good health.

A few days previously he had complained of vague pains in the abdomen—not, however, of a degree to attract particular attention.

He retired on the evening above mentioned without any unusual sensations, but awoke before daylight with intense colic. This increasing, his father sent for a medical friend, after exhausting his own resources and failing to procure relief. Throughout Monday the symptoms of colic continued without abatement, and as the day wore on only presented indications of peritoneal complication. There was a

large, though not excessive accumulation of gas—the most prominent feature of the case being excruciating pain, from which only partial relief was procured by complete narcotism. The bowels resisted every attempt to procure evacuation of their contents after the earliest stage of the disease.

On Monday night and Tuesday morning the agony of the patient began to abate, but only to be followed by collapse, with cold damp surface and failing pulse; he gradually sank, and died in the course of the morning, after an illness of thirty hours.

The abdomen was found after death much distended by gas, free from effusion, and not affording any evidence of excessive peritoneal inflammation. The effect of disease in this case could be traced with much confidence, as the examination was made on Tuesday afternoon, a few hours after death, and but a short time was allowed for decomposition to embarrass investigation.

The appendix was much distended at its lower extremity by a concrete mass composed largely of raisin seeds. Its walls had not been perforated, and contained, with the foreign matter, an accumulation of pus, the whole forming a mass the size of a walnut. The appendix partially embraced the ilium, adhering to it strongly, and completely strangulated the small intestines, which were, for a distance of six feet above, of a dark mahogany color, and passing into gangrene. At the point of strangulation there had been much inflammation, with large effusion of lymph; the walls of the tumor were thin, bursting under pressure of the fingers; but, having retained its contents during life, there was no discharge of foreign matter into the peritoneal cavity, giving rise to peritonitis and masking the earlier symptoms of colic, as in the case just described.

Moreau cites a case identical with this, the ilium having been strangulated by adhesion of the appendix to the mesentery; while Marteau has seen the jejunum, and Scarpa the colon, embraced in the same manner and with a like effect.

Klockhof reports a case in which the appendix adhered to the colon by its extremity, thus forming a loop through which the small intestines had passed, producing strangulation.

Merling, in examining a subject, found the appendix adherent to the colon by the lower extremity, and forming a free communication between different sections of the intestines, but was unable to learn anything of the previous history of the individual, or under what train of symptoms this union occurred, evidently followed by entire recovery.

Again, the appendix is at times metamorphosed into a hydropic capsule, as reported by Rokitsansky, from the presence of a concretion in the tube closing the canal and preventing escape of mucous secretion. This causes the extremity to become dilated, and the mucus to pass into the condition of a serous membrane secreting an albuminous fluid.

Besides the foreign matter collecting in the appendix mechanically, tuberculous and typhoid deposits are laid down at times in its walls, giving rise to ulceration. When, in addition to these varieties of disease, we consider the fact, that a long time may be required to establish the existence of serious symptoms, since it is asserted that a concretion may exist and only give rise to blennorrhœa, a correct diagnosis is only equalled in difficulty by its importance. Ulceration of the appendix is not necessarily fatal, but forms abscesses at times pointing in various directions, according to the variety of directions assumed by the appendix; and it is of great moment that these should be anticipated and discharged at the earliest period possible, and the risk of an internal rupture of their walls diminished. In the cases cited above, the earliest symptoms were of colic, excepting the obstinate constipation, the bowels having been freely evacuated without relief. In both, the earlier symptoms were overlaid by peritonitis; while in one there was an attempt to form an abscess, the constitution failing before it was accomplished.—*Transactions of the College of Physicians.*

On Conical Cornea and its Treatment, and on Gonorrhœal Iritis.

By W. LAWRENCE, F.R.S., F.R.C.S., &c.,

Senior Surgeon to St. Bartholomew's Hospital.

GENTLEMEN—We have had, since *Summer Session*, commenced various instructive "eye" cases in the hospital, to which I wish to direct your attention to-day. Several severe cases of syphilitic iritis, with, and, I may say, without complications, as also a most unique case of that very singular disease, "conical cornea." Iritis is a very ordinary disease in practice, so that your attention cannot be drawn to it too early in the session; it is also one seen under unexpected circumstances. The first case of which I may speak is that patient suffering under

INFLAMMATION OF THE EYE WITH GONORRHEA.

You will remark, I say, inflammation of the eye attended with gon-

orrhœa—not gonorrhœal ophthalmia; the diseases, in fact, are quite different, as well in their pathological seat and import as in their mode of treatment, constitutional or otherwise.

In cases of gonorrhœal ophthalmia, of which I speak hereafter, it seems as if a patient laboring under gonorrhœa conveyed much of the puriform discharge immediately to the conjunctivitis, of which, no doubt, you have all read in your books; but in this patient now under our notice, with a gonorrhœal history of a somewhat like kind, the infection from some constitutional cause or peculiarity, probably of a rheumatic character, extending from the conjunctiva to the sclerotic coats of the eye; from thence even to the iris, causing great intolerance of light, with remarkable dullness of color in the iris itself. To these signs of this affection were added profuse lachrymation, and, what I consider almost as pathognomonic of this class of cases, *most severe supra-orbital pain*—pain of a most remarkable kind, extending round the orbit, and, no doubt, in some measure engaging all the fibrous tissues of that part. Now, I wish you to remark that both these diseases arise under similar circumstances; yet this is, you see, quite a different thing from gonorrhœal conjunctivitis, or a conjunctivitis of any kind, properly so called.

The supra-orbital pain of scleritis is absent in the disease of the conjunctiva. The appearance of the patient himself is also peculiar; you can, in fact, scarcely mistake these cases when once you have studied them. Fortunately, this serious thing—gonorrhœal ophthalmia—is not very often seen in this hospital; but if any cases do offer themselves, I shall take the opportunity of showing them to you.*

The treatment of these cases differs also, so that a proper diagnosis is not a matter of idle curiosity or ingenuity, but of necessity. In this patient we had to combat the inflammatory symptoms in the sclerotic coat with much vigor. Depletion and cupping on the temple were ordered and mercury used night and morning: calomel and opium, not for any specific action, so much as to stop inflammation. To these remedies we added a blister on the nape of the neck; yet all did not answer, and we were obliged to have recourse to the wine of colchicum—(3 ss., sex tis horis). This affected his stomach a little, as colchicum very often does, so that it is a drug requiring much caution in its administration. In my experience, however, I find that where the

* Mr. Wilde, of Dublin, as previously stated in the CIRCULAR, has recently discovered that simple leucorrhœa in a married female produced as marked infection in the conjunctiva as gonorrhœa.

pain and sickness are induced, the action of the medicine is more certain and specific; still, great caution is also necessary, for very serious results have followed over-doses of this powerful agent.

If the colchicum* be used without due caution, even fatal results might arise, so that it will be necessary to watch its action with great care. I am not going now to enter into the minute diagnosis of sclerotitis; we shall see it as we go through the wards during the summer, and it will be better to point it out to you in the wards.

The next case I wish to speak more in detail about, is a patient suffering under what is termed

CONICAL CORNEA.

The patient is E. W., a poor woman, it seems, who has been led about the streets quite blind. She is a comparatively young woman, only aged thirty-six years; she has occasional flashes of light, she says; but with that sole exception she has been now thirteen years totally without vision of any kind.

This is a most singular disease, one of the pathology or nature of which we know absolutely nothing. As far as I have seen it during fifty years' experience, (if possible to add to its anomalous character,) it usually takes place in young and healthy subjects who have not suffered in any manner from excessive use of the eye, like watchmakers, needlewomen, printers, &c. This young woman, our present patient, you see, is perfectly healthy; she tells us nothing of any previous disease of her eyes; in fact, it is a gradual change occurring over a long space of time in a cornea otherwise healthy. I have seen the cornea in this state become in shape quite like a cone; the rays of light, too, present a most unusual appearance in conical cornea: the patient does not present the vacant, dull eye of the amaurotic patient, who holds his head towards the sky whene'er he may chance to catch a glimmer—everything dark, dark,

"Amid the blaze of noon
Irrecoverably dark, total eclipse."

There is nothing of this dullness or opacity of the eye in conical cornea, but no doubt you have observed it in this woman; the eyes here have

* It may be prudent to observe that very few surgeons share Mr. Lawrence's dread of the use of colchicum, at least in hospitals. Mr. Hancock uses tinct. of aconite in such cases, which is nearly the same medicine, and probably aconite and atropine will, ere long, supersede all the routine plans of calomel and opium, belladonna, &c.

an unusually bright appearance, sparkling like diamonds or those bits of cut glass that sometimes represent diamonds! The rays of light passing into the eye in conical cornea, are, I think, reflected (not refracted, mind you) before they fall on the retina, and are thus thrown into those singular glittering or diamond-like reflections in the vitreous humor and lens of the eye. I think that even on physical principles the blindness of the eye in conical cornea is to be explained; her eyes are like a telescope that has been pulled out in a wrong manner, or fixed at half cock. But neither a gun nor a telescope will answer if fixed firmly at half the measure of its capacity. In the eye it must also very seriously impair the focus of vision, as you see it does in this poor woman. She says, over and over again, that for years she has been totally blind, led about like a child!

Well, on examining the eye with some care, I found that, though the cornea in each eye is in a very marked manner bulged into a cone—from what cause I never could meet any surgeon who could exactly say—yet that the immediate circumference of the cornea, situated next the sclerotic, remained unchanged; indeed few persons not familiar with the different varieties of blindness would detect that this healthy young woman, with what the story-books would call “brilliant eyes,” was a poor creature almost totally blind. Any one accustomed to eye cases will at once distinguish these cases, however, from cases of photophobia, amaurosis, &c.*

Now, on the admission of this woman with conical cornea to hospital, having seen some similar cases benefited by the only remedy I know

* In these times, when sanitary science shows the value of light, it is very interesting, with the additional knowledge imparted by modern science, to study the early observations of Milton, who “in the latter years of his life suffered severely from rheumatic gout, which, attacking his eyes, left him totally blind”—so severe this “dim suffusion” which veiled his sight! Speaking of light, he exclaims—

“Thee I revisit safe,
And feel thy sovereign vital lamp; but thou
Revisit’st not these eyes that roll in vain
To find thy piercing ray.”

And again, he makes the blind Sampson say—

“Since light so necessary is to life,
And almost life itself—
Why was the sight
To such a tender ball as the eye confined?”

“Almost life itself” is a very beautiful idea! Marshall Hall has shown that perhaps the first link in the long chain of actions ending in assimilation, digestion, &c., is a reflex action in the lenticular ganglion, and eighth pair from light exciting the retina.

of in these patients, I was anxious to give that remedy, which is belladonna, a full trial. I will now read some of the notes of the case:

May 5.—“The patient has had the belladonna applied,” (I read in the notes furnished by the House Surgeon,) “since when, greatly to our astonishment, she begins to see objects all round her, and on bringing a book close to her face she sees the type and recognizes the larger letters.” Exactly so. Now, the reason of that is at once obvious: I have already remarked that the immediate circumference of the cornea, next to the sclerotic, remained unchanged; very well—now comes the belladonna or atropine, and dilates the pupil; more light is thus permitted to pass, and through a healthy portion of cornea a mere line or so of pupil is left, and on bringing a book up to the face she can read very respectably indeed. It is remarkable and curious that the retina retains its sensibility for a very long period. Now, the conical cornea in these cases is subject to friction, and becomes roughened; you must be prepared also for that, but I am of opinion that in young and healthy subjects it will not give much trouble.

An elderly gentleman, a clergyman, quite blind, consulted me some time ago; he was perfectly well in all other respects, but he was totally blind, and had this singular disease of the cornea. A change had occurred, unfortunately, in this case, in the apex of the cone, due to friction; it appeared quite opaque. The old gentleman was very far advanced in life, perhaps about eighty—an age at which one is not fond of new experiments or new theories. It has been suggested now—by the new Ophthalmological School, if I mistake not—to make an artificial pupil in such cases. I simply ordered the atropine drops, from which he obtained a very fair amount of comfort; indeed, he went to church, he rode about in his carriage, took exercise, and, much to his delight, renewed his acquaintanceship with an old friend, the ‘Times’ newspaper! which he read, holding it up close to his nose and forehead. I cannot say that I am favorable to cutting operations in these cases; the palliative plan of atropine answers every purpose.

We next pass on to a different order of cases, but one which must attract, as it deserves, your serious attention. The next is a case of

SYPHILITIC IRITIS.

I may say, in the beginning, this has been a patient a little out of the ordinary hospital routine of such cases—a respectable young person coming to us in perfect health, but attacked with iritis! If we put the question of syphilitic or non-syphilitic to herself out of book,

I should be disappointed if she answered it exactly as it might be wished. She comes to us from the country; she looks something like a quiet governess in a private family. Now, governesses may go wrong, I dare say, for all that you know, as well as those over whom they may be said to govern. It is very probable that we are favored with this lady's society because she has kept the thing a profound secret up to the present. All this has a bearing on the case, however, and if we make any hand of it, it will be by going slowly, as there is such a thing as idiopathic iritis, rheumatic iritis, &c. She admitted that she had taken some medicine, but it was all Epsom salts, certainly nothing else. Well, not knowing much of what are now termed, in the phraseology of the day, this lady's "antecedents," or the amount of moral control she may or may not have practised as a governess on herself by way of example to her pupils, Mr. —, my House Surgeon, commenced what the newspapers call a "delicate investigation." She, of course, denied point blank all syphilitic taint, but on untying the strings of her bonnet—which she was requested to do, as you saw on the day of her admission—there were some copper-colored spots under the ribbons, not as inviting as one would like; yet this was not sufficient for our purposes of a diagnosis, though it left no doubt on my own mind of the true nature of the disease; but we further made out; this is the month of May, but about last Christmas she had a discharge, attended by swellings in each groin, but she merely took small doses of Epsom salts, and did nothing else. She would not for the world have told the family surgeon. You will see the bearing of this "delicate investigation" presently: she took her salts, and rested contented that it would all blow over. Now, let us retrace our steps with this new light. About five months ago, you perceive, she had primary syphilis—it may have been very slight; she had a discharge, probably from an abrasion in the passage. Two months after she noticed the marks under the ribbons of her bonnet—viz., a scaly eruption, and now more of a copper color, yet she very probably knew of no bearing of one of these things on the other.

May 4.—Together with the previous history, we find the left eye of this governess has been bad for ten days. She was ordered strong poppy fomentation and gray powder, ter in die—eight leeches to the temple. When I first saw the muddy color of the iris, and perceived that she complained of dimness of vision, that the pupil was contracted, and did not seem to answer to the stimulus of light, I had no doubt in my own mind of its being syphilitic iritis.

13th.—I need not go over the notes of treatment; they do not present anything worthy of stopping to remark on, as you have seen the case to-day; but here, on the 13th, she is reported as "nearly well;" the leeches and gray powder have answered their purpose; the iris is again safe; and she will probably leave the hospital, thus rescued from further temporizing mischief.

Now, gentlemen, this history interests us all as surgeons. You see it is made up of quiet, confidential demeanor towards even the poorest patient; and when this is adopted you seldom fail to come down on the truth; the educated surgeon will not go astray; and then, also, it teaches you a great fact, as I take it to be, in the natural history of syphilis, to be arrived at in the same manner, that you may most undoubtedly have all the phenomena of syphilis, even in syphilitic iritis, without one grain of mercury having been previously administered. Iritis is said especially to be a "mercurial symptom." Some of my colleagues and many other surgeons express themselves strongly on this point of doctrine—a doctrine I do not hold at all. This young woman, as Horace says, was striving to drive out Nature, but still it would ever keep returning—

"Naturam expellas furcâ," &c.

She took no mercury; she dosed herself soberly with salts; but still we have the usual course of natural symptoms—an abrasion or an ulcer, probably getting well by cleanliness, and not using any irritating washes; then muco-purulent discharge, next buboes, all cured for the time by salts; then the inexorable spots under her ribbons, as completely copper colored as ever I saw, and now iritis; but all, I am firmly satisfied, generated without mercury!

You probably know that the surgical world is divided into two opposing, if not hostile, camps: the mercurial and non-mercurial plan of treatment having each its ensign flying, and some battle—some knights arrayed with their hosts on one side or the other; but of the natural progression of syphilitic symptoms, even as far as iritis, without the agency of mercury, I have had no doubt whatever; indeed, this single case—every bit of which is now coherent and simple—proves it. Do not be misled, then, by the supposition that diseases of the iris or periosteum are due to mercury more than to syphilis, for diseases of the iris brook no delay if you wish to preserve the integrity of vision in the organ.—*Medical Circular.*

M. VELPEAU ON THE SPECULUM.

La France Médicale, of the 13th of February, contains some clinical observations made by M. Velpeau, at the "Charité" Hospital, upon a case of supposed malignant ulceration of the neck of the uterus. In the course of his remarks, the lecturer stated that professional men generally overrated the diagnostic powers of the speculum; and that in nine cases out of twelve we can very well dispense with it. Both experience and reasoning tend to render the use of the speculum less frequent. This instrument, in fact, teaches us nothing respecting the volume, shape, position, or density of the organ to be examined. The only circumstance which it brings to light is the tint of the cervix, and the knowledge of this tint is often of no use whatever. The finger, M. Velpeau thinks, is far more useful: with it we make out ulcerations, granulations, fungosities, and the consistence of the cervix. Nay, the speculum often leads into errors of diagnosis, and makes us suspect lesions which have no existence. The neck of the uterus, caught by the extremity of the speculum, appears larger than it really is, and the os looks gaping; nor should it remain unmentioned, that a simple fold of the vagina is often mistaken for the cervix, and the caustic is applied where it was not intended to act. M. Velpeau, without rejecting the speculum, wishes, however, that its use may be considerably restricted, and that young practitioners should get accustomed to establish their diagnosis by means of digital examination.

We have transcribed these opinions out of respect for the Nestor of French surgery; but it will not escape the attention of any unbiassed reader that the knowledge obtained by a speculum examination is by the lecturer left completely in the shade; the picture is a one-sided one, as the facilities afforded by the speculum for local application are not at all mentioned. It has, moreover, not appeared necessary to M. Velpeau to state that hardly anything is to be got by digital examination (save infection) in venereal affections; and that no woman can be looked upon as thoroughly examined, when a venereal taint is suspected, if specula for the two pelvic outlets be not used.

Hydrocele Treated by Electricity.—Rodolfi, of Milan, has applied electricity for the cure of hydrocele in four cases, and reports very favorably concerning its effects, not only the fluid disappearing in all, but its reproduction being prevented in three of the cases. Bunsen's, or better still, Daniel's pile should be employed.—*Druggists' Circular.*

EDITOR'S TABLE.

DR. BOWLING versus DR. GROSS.

The last number of our Nashville *confrere* comes to us freighted with fifteen mortal pages devoted to the rude dissection of the senior editor of the *N. A. Medico-Chirurgical Review*, whose late comments on the American Medical Association have, it seems, so "frightened from his propriety" our old friend Dr. B., that he has forgotten his characteristic dignity, suavity, and the kindred good qualities of his better nature, and which make him so generally a favorite. Indeed, there is so much of the *fortiter* in this explosion at Nashville, that the utter annihilation of our old friend, Dr. Gross, appears to have been anticipated, and might be apprehended but for one sad deficiency, viz., the lack of that "moral power" which Dr. B. so eulogizes, and of which he has so vivid a recollection, as exemplified at the Washington meeting.

We are far from assuming the championship of Dr. Gross or the Jefferson Medical College, as everybody knows, and yet we confess that our warm friendship for Dr. Bowling does not blind us to his faults; nor, knowing him as we do, can we help sympathizing with his antagonist under the censorious onslaught of the article under notice. Indeed, we incline to the opinion, that, on calmer reflection, its author will himself "REGRET" its savage denunciation, and concede that "this is not the style to do good with."

The article begins with a taunt against Dr. Gross's intellectual status, as one entitling him to commiseration rather than censure, which, if it were just, Dr. B. might have spared this cruel infliction upon a medical brother, thus unfortunately imbecile. It is almost as bad as the "forty locomotive power of the Philadelphia hydro-oxygen blow-pipe upon one lone, unarmed, unfriended man," which he cites as a demonstration of the "force of moral power," in a Pick-wickian sense, if he will pardon the irreverence.

The criticism of Dr. Gross upon Dr. Eve's inaugural, we are free to confess, merits all the rebuke Dr. B. has given it, although the prejudice against rivals too often degenerates into bitter antipathies to excite our special wonder. Besides, both the matter and manner of Dr. Eve's address has been so highly commended in nearly all the medical journals of the country and in those abroad, that, in the hypercriticism complained of, the Medico-Chirurgical might be safely "left alone in its glory." Moreover, Dr. G. had betrayed his hostili-

ty to Dr. Eve's election to our Presidency by a former article, which we took occasion to reprove, and which lost him many friends. That he should still cherish a similar spirit, only shows that there is a "great deal of human nature in mankind," and by letting it alone it will punish itself. We should not be surprised, if by this time Dr. G. does himself "*regret*" it, without waiting for the "moral power" with which he is menaced.

But there is one sentence in Dr. B.'s article which we "*regret*," in advance, without waiting for his own. We allude to that in which he affirms that "had Dr. Gross embodied his editorial in a speech before that body, he would have been expelled from the Association." This must be a hyperbolical flourish of rhetoric, for we have looked in vain over the editorial, and find nothing there which could have constitutionally authorized so extreme a measure. Indeed, Dr. B. concedes that it would not have been right thus to gag the freedom of speech, or to punish its utterance. He, however, has no doubt, "from the *temper and bearing* of that body," that, law or no law, the deed would have been done, which is a humiliating confession, justified, however, by certain exhibitions of "*temper and bearing*" which all parties by this time "*regret*." That such a deed of darkness as that hypothecated could be possible, would scarcely be cited as indicating *moral* power or any other moral quality in the body. Excommunication for liberty of speech would not be tolerated in this country, either in church or state.

There is one charge brought against Dr. Gross, which our old friend Dr. B. will pardon us for saying, strikes us as erroneous, viz., his *advocacy of the multiplication of medical schools in the South and Southwest*; while we have ever understood Dr. G. to deprecate the opening of schools in places destitute of adequate means for clinical instruction. Surely the friendly notice of the Faculty of Shelby Medical College, at Nashville, does not justify this charge.

With the matters of personal history of Dr. G., and the abuses and misdemeanors of Jefferson Medical College, to which Dr. B. refers with so much severity, we presume not to be familiar enough to justify us in speaking. Our only purpose is, to interpose our kind offices as a peacemaker between two friends, whom we regard such, because they are worthy; for, "with all their faults, we love them still." Dr. B. is a physician of the old school, though still young in his ardor, ability and tact, and is at home in journalism, as some of us know full well; for woe to the unlucky wight who crosses his path in hos-

tility, if he unsheath his pen. Dr. G. is likewise a doctor of the old school, with Young America superadded, and wears merited laurels in both surgery and pathology, which he has earned by science, skill, and industry, which do honor to American literature. Hence we honor them both, and deprecate the hostile array in which these two contemporary journals are now marshaled, and would fain give the olive branch to both. If they must oppose each other, Nashville *versus* Philadelphia, will both allow us at New York to advise them to "put away all malice and uncharitableness and evil speaking," and to remember the motto so often broken by us all—"Always use soft words—they cost nothing?"

DR. MCCLINTOCK'S REMOVAL.

Blockley Alms House.—At a meeting of the managers of this institution, held on the 5th of July, Dr. Robert K. Smith was elected chief resident physician in place of Dr. McClintock."

The *Medical News*, in making this announcement, renders itself ridiculous by ascribing the change to "the action of the profession in Philadelphia," which had no more to do with it than their recommendation of *Scoaim's panacea*. Everybody knew that when the Democrats lost the election in Philadelphia, McClintock would lose his office. The identical Dr. Smith who is re-elected was turned out by the Democrats, and is now restored by the opposite party; thus proving what we have always affirmed, that the appointment is a *political* one, and that the democracy of McClintock secured him the appointment, and will again when politics change, if he will accept it; and as before, in defiance of "the action of the profession of Philadelphia" or elsewhere.

Our opinion of medical appointments being made on political grounds is well known to our readers, but the fact that they are thus made, and often irrespective of qualification, is undeniable; and this renders such positions undesirable by men who have anything else to do. In this case, the "profession in Philadelphia" have been proven to be powerless in defeating the election last year, which was made by one political party; and politics, not the action of the profession, has made the recent change, for had the Democrats remained in power, Dr McClintock would have been in office and Dr. Smith would have been—nowhere. As to their relative fitness for the place, no one who knows them both could attribute superiority to the latter. He had been there before McClintock, and their comparative qualifi-

cations have been judged by the Board of Guardians, and will be more manifest in the statistics of the hospital hereafter. But now that *McClintock* is removed, the *political* appointment of his successor will no more disturb the "entire profession of Philadelphia," who we hope may have peace.

NEW YORK MEDICAL COLLEGE.

The announcement of this school, on another page of the *GAZETTE*, affords the opportunity to say that the faculty as at present organized is worthy of public confidence. Their building, museum, and apparatus are everything that could be desired. Prof. Childs, in the department of anatomy, has no superior as a teacher or demonstrator; and Prof. Doremus gives a course of medical chemistry such as is rarely to be found elsewhere, especially in the analytical and toxicological departments of his laboratory, while as an experimentalist he is unrivaled anywhere. These two chairs we regard as the most important in the school, especially for beginners. Prof. Peaslee's course of physiology and pathology is always regarded by the students with high favor, so attractive are both his matter and manner. Prof. Cox gives an admirable course on theory and practice, and is withal a popular lecturer. Prof. Barker excels in his department, to which he devotes all the energies of his ardent mind. Prof. Carnochan, as a teacher of surgery, has a deservedly high reputation, especially as a clinical instructor in the great emigrant's hospital of which he is the chief, and to which students have access. Prof. Davis sustains himself ably in the chair of materia medica and therapeutics, by a thorough and practical course, for which his industry and scholarship peculiarly fit him. While Prof. Green, in his emeritus chair, indoctrinates his pupils into the nature and treatment of all diseases of the lungs, throat and air passages, a department in which he has acquired an enviable popularity at home and abroad.

The college clinics are almost daily held by the several members of the faculty, and the dissecting rooms are open for the cultivation of practical anatomy under Prof. Conant, who still retains his post as demonstrator in this school.

Those who are beginning or completing their medical studies, and who appreciate the advantages our city affords, will find in the New York Medical College every facility which is anywhere accessible for thorough and practical instruction. For particulars see advertisement of the Dean, in the *GAZETTE*.

CONGRESS WATER—SARATOGA SPRINGS.

A flying visit to Saratoga recently demonstrated that the waters of *Congress* Spring retain all their ancient healing virtues, and possess all the attraction to the palate, so long remembered by some of us, who have learned to regard Congress water as among the choicest luxuries, and indeed the necessities of life. Ladies and gentlemen by hundreds meet at the Spring during the season annually, who have thus met for the past quarter of a century, and seldom see each other anywhere else. They congratulate each other on their excellent health while quaffing the delicious waters, and attribute their exemption from disease and their prospective longevity to the use of the Congress water, at the Spring in the summer, and at home the year round. Among these old habitues the preference for this spring is exclusive, so that they scarcely taste the water of any other. It is only new-comers and invalids, who have faith in drugs, that indulge in the more medicated waters of the Empire, Hamilton, Columbian, Iodine, Putnam, Pavilion, Flat Rock, or High Rock Springs.

The hotels and boarding houses are everything that could be desired. The United States, Union, and Congress Hall still take the lead, and are all crowded to their utmost capacity, although recently enlarged. Hundreds from each of them are driven to the smaller hotels, and to private houses for lodging, by reason of the overflowing population of the principal houses. In the middle of August, it was computed that not less than 7,000 strangers sojourned in Saratoga, from 1,200 to 1,500 having dined at one of the hotels in a single day.

The atmosphere is probably the most salubrious of any in the country, while the waters of Congress Spring, when judiciously used, awaken extraordinary appetite and impart improved digestion, both to the healthy and the invalid. Hence very general health prevails in the region round about, so that our profession who reside here have very little to do either with citizens or strangers, except in cases of excessive indulgence in unwonted luxuries, especially among the multitude of valetudinarians, who resort hither to recruit exhausted energies, or seek invigoration during convalescence.

Visitors having chronic diseases are perhaps the most numerous class of patients who need medical advice. These are fished for by every bait of quackery, including Indian doctors, homœo and hydro and electro-paths, lung, womb, cancer, and corn doctors, with every device of specialty to be found elsewhere. But though a perfect avalanche of quacks settle down here every season, as birds of passage

and of prey, from every country under heaven, yet the physicians resident here make no complaint against any of the tribe, except of the hotel sharks or sharpers; some of whom spend every season here, scrambling for patients and fees, and are often unscrupulous, putting on airs of superiority, leading silly women astray, by enlisting them as recruiting officers, or as trumpeters to blow for them for hire; and overriding all medical law and ethics, because, forsooth, holding positions when at home which give them notoriety, not fame; which is often so unproductive as to render them needy as well as greedy, while located at the Springs. More than one, it is said, catch more patients and fees during two or three months here, than they do the year round at home.

The regular medical men we found permanently residing at Saratoga, are educated and reliable in every respect, and they are well sustained by the emoluments of each season, derived chiefly from the visitors who are wise enough to drink the waters under sound and experienced medical advice, which they are competent to give, and their fees are proverbially low. We heard of no instance of extortion among any of them, although the quacks and specialists and interlopers here are notorious for exorbitant exactions, as is their wont everywhere. They have few patients, and *must* have a living out of them. "You know we *must* live," said one of them to a shrewd Yankee remonstrant, who replied, "I know no such thing; I see no reason why you *must* live, while your patients *must* die. There is not the least occasion for your *living* at all."

MORE SPECIALISM.

Our profession seems to be doomed; for, instead of medical men, as in olden time, being qualified in every department and adequate to every emergency, the present race of doctors is split up into little squads of kindred specialists, so that we are soon to have specific doctors for every disease not merely, but for every organ, function, and even *foramen* in the human body. The race of *fundamental* doctors seems to be multiplying apace, and becoming as numerous as *ascarides*, to whom they bear a striking resemblance, not only by their explorations into the *anus*, and their partiality to fœcal odors and excrementitious filth, but by their microscopic insignificance when compared to what some of them might have been had they retained the dignity, rank, and elevated position which intrinsically belongs to a physician worthy the name, but which a *specialist* forfeits in the act of becoming such; especially those whose exclusive and chosen field is *à posteriori*.

[The following document introduces a new remedy to the profession, which has acquired great reputation in France, for its tonic and nutritious properties, adapted to debilitated conditions of the nervous system and of the digestive organs. See our advertising pages. Ward & Simonin, 37 South William St., or at Olliffe's, 809 Broadway.]

New York Academy of Medicine.

NEW YORK, *August 4th*, 1858.

Messrs. WARD & SIMONIN,

Gentlemen—In accordance with the request expressed in your note to me, I take pleasure in forwarding to your house the following extract from the records of the meeting of the Academy, which was held this evening.

“The following report, from Section 4th, was adopted by the Academy, and ordered on file:

“The Section on *Materia Medica* and Botany, to which was referred for examination and report a specimen of *Vin Toni Nutritif au Quinquina et Cocoa*, &c., prepared by Bugeaud, Paris, respectfully report,” (after giving the formula of its composition, the report concluded as follows,) “this Wine has been administered by the different members of the Section, in such cases as required a gentle tonic, and, so far as it has been employed, it has fully answered their expectations.

“The Section would therefore recommend it as worthy a trial with the above named class of patients, and more particularly in convalescence from intermittent and other fevers.

Respectfully submitted,

[Signed,]

JOEL FOSTER, M.D.,

Chairman of the Section.

E. H. JAMES, M.D.,

Sec'y of the Section of Mat. Med. and Botany.”

In transmitting this expression of the opinion of the Section, I take pleasure in adding my own individual corroboration of the confidence therein implied, and remain, gentlemen,

Sincerely yours,

C. F. HEYWOOD, M.D.,

Rec. Sec'y N. Y. Acad'y of Med.

DISCOVERY OF ETHERIZATION.

Our readers will find in this number an article on this subject, demonstrating that a certain clique of physicians in this city have been betrayed into the endorsement of the claims of Dr. Morton, of Boston, to a discovery of which he knew nothing until he learned it of Dr. Horace Wells, of Hartford, who had successfully used ether and proved its anæsthetic properties two years before either Morton or Jackson pretend to any knowledge on the subject, except what was derived from Dr. Wells. After the evidence here furnished, that Drs Mott and Parker both made oath, in 1852, that the merit of discovery belonged solely to Dr. Wells, their oblivious memories alone can account for their being wheedled into the recent certificate recommending Dr. Morton to the public as meriting contributions from our citizens, as being the discoverer of anything. What must the contributors think of Morton's endorsers on learning the loss of their wits and their money? Will Morton return the money? See page 526.

MASSACHUSETTS GENERAL HOSPITAL.

Dr. Benjamin S. Shaw has been appointed Resident Physician and Superintendent of this institution, the necessity of having a medical head having at last become too obvious to admit any farther delay.

Still the Governors of our New York Hospital and Bellevue plod on in blissful ignorance of what is everywhere else palpable enough, that a remedial institution can never be rightly or safely managed without a chief medical officer at its head. That it is ever otherwise, is the fault of the physicians themselves, whose jealousies of each other cannot brook subordination. They consent to be collectively ruled by an ignorant Warden, *not* of the profession, rather than to have one of their own brethren made their superior in authority. And thus it is, the interests of hospitals and the safety of their inmates are sacrificed to their petty quarrels, while the Governors are humbugged into doing nothing. But the patients are "only paupers, for whom nobody cares."

MICROSCOPY.

Dr. Gonley, the curator of Bellevue Hospital, announces in this number a Course of Lectures and demonstrations during the month of September, in the Pathological Lecture Room of the Hospital, of which physicians as well as students will do well to avail themselves. He has extraordinary faculties, and in this department has few superiors.

BLOOD-LETTING CONTROVERSY.

The British and Foreign Medico-Chirurgical Review, in the July number, leads off with an elaborate critique upon this question, which is still mooted in the Edinburgh Medical Journal, and enlists able contributions, pro and con, from practised writers. Prof. Allison, Drs. Bennett, T. Watson, Gairdner, Bell, Markham, &c., are among the writers reviewed.

Meanwhile, critical hæmorrhages are ever and anon relieving the patients of congestions and inflammations in vital organs, the *vis medicatrix naturæ* thus interposing to enlighten the doctors, by curing their patients in defiance of their blunders and drugging. Multitudes, however, continue to be sacrificed by paralytic diseases, which are perennially increasing, because of the vulgar prejudices which are occasioned or strengthened by the parties to this blood-letting controversy. The truth lies between the two extremes and those middlemen who know when and how to bleed, and can discriminate the cases in which blood-letting is demanded, from those in which it is contra-indicated; these are everywhere the most successful practitioners. The acknowledged abuses of venesection by ignorance and temerity, have brought a valuable and indispensable remedy into disrepute, which, however, will only be temporary in its duration among men of sense.

The New Orleans Medical News and Hospital Gazette

Thus regretfully refers to the resignation of Dr. Thomas Peniston from the chair of Clinical Medicine in the N. O. School of Medicine: "We are recording an event which only gives us pain, and we shall do it in as few words as possible. Impaired health has forced our worthy and most highly esteemed colleague to tender his resignation, and he has gone across the water to seek repose from his labors, and that restoration for which he shall have our heartfelt prayers."

Professor Austin Flint, the distinguished author of Clinical Reports on Typhoid Fever, the most accurate and reliable since those of Louis, has been elected to fill the chair vacated by the resignation of Dr. Peniston. As Philadelphia has recently been making inroads into a Southern Faculty by calling Prof. Dickson from Charleston, it seems but fair that New Orleans should make reprisals on the North; this has been done by the New Orleans School of Medicine securing Dr. Flint from Buffalo, and the University, Dr. Richardson from Philadelphia. Also, Dr. J. F. Grall has been appointed Demonstrator of Anatomy in the New Orleans School of Medicine.

YELLOW FEVER.

This Southern scourge is doing its "work of death" at Havana, New Orleans, Charleston, and in other tropical sections. Our own Quarantine has hence an unusual number of cases to manage, by imposing the restrictions required by our health laws, many of which are behind the age, and profoundly stupid. The Health Officer, by trying to please everybody, pleases nobody. The Board of Health, in sustaining him, conflict with their brethren on Staten Island, where a few cases having occurred, traceable to the shipping; a combined effort seems to be making to get up a panic, for which there is not the semblance of an excuse, as all the doctors perfectly understand. Epidemic Yellow Fever in this latitude, and at the temperature of this season, is a physical impossibility.

ALBANY MEDICAL COLLEGE.

From the catalogue and circular just issued, we learn that the graduates for 1857 numbered 24. The spring course of lectures is now in progress, with a large class. The Albany Hospital is of signal service to the students, by its clinical facilities. The faculty are able and practical teachers, of established reputation, and they have an excellent library, as well as a museum of anatomical, surgical and pathological specimens, which in extent and value is equal to any in the country. No better school can be found out of the Atlantic cities, and few of these have been more prosperous.

Swilled Milk.—We learn that many of our physicians in New York have determined to report to the City Inspector, for his bill of interments hereafter, the true cause of death, instead of returning marasmus, inanition, cholera infantum, diarrhoea, &c., whenever these diseases are traceable to swilled milk, and thus let the records of infant mortality proclaim the truth.

Prof. Palmer, of the Peninsular Journal, replies to Prof. Bowling, of Nashville, defending himself from the charge of unfairness towards Dr. Campbell, of Georgia, by ignoring in his late Report all reference to the publications of the latter, and imputing sectional prejudice. Dr. P., after his explanations, calls somewhat imperatively upon Dr. B. for the amende honorable, which will not be withheld.

SHELBY MEDICAL COLLEGE.

The unprecedented success of the *University of Nashville* has encouraged others to establish a second Medical Institution at this point. The following gentlemen have been elected to fill the respective chairs:

J. F. May, M.D., Principles and Operations of Surgery; E. B. Haskins, M.D., Theory and Practice of Medicine; J. P. Ford, M.D., Obstetrics and Diseases of Women and Children; T. L. Maddin, M.D., Descriptive, Histological and Surgical Anatomy; J. H. Callender, M. D., Materia Medica and Therapeutics; R. O. Currey, M.D., Chemistry and Medical Jurisprudence; Daniel F. Wright, M.D., Physiology and Pathology; H. M. Compton, M.D., Demonstrator.

The circular of the new college evinces a conciliatory spirit, and deprecates strongly any suspicion of unworthy rivalry or desire to cripple the valuable organization already existing in Nashville. "Its success is a source of gratification to all who take pride in the public institutions of the city and the state, and, without affectation, they desire it to continue."

Recognizing the names of several of our valued friends in the above Faculty, we can cordially wish them success; but with friends equally prized by us, in the University, that success could be no longer gratifying to us, should it be secured at the expense of that noble and liberal institution — *Southern Medical and Surgical Journal*.

DELINQUENT SUBSCRIBERS.

All who do not remit the amount due for subscription to the *GAZETTE*, must prepare themselves to be stricken from our mail book, as *payment in advance* is the rule, and this cannot be dispensed with. To avert such a calamity, we shall expect to hear from some 300 delinquents immediately.

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AMERICAN MEDICAL GAZETTE ADVERTISER.
**SHELBY MEDICAL COLLEGE,
NASHVILLE, TENNESSEE.**

SESSION OF 1856-9.

The First Regular Course of Lectures in this Institution will commence on Monday, the first of November, 1856, and will continue to the 1st of March, ensuing.
The Preparatory Course of Lectures free to all students will be given during the month of October.

FACULTY

THOMAS L. MANNING, M.D., Professor of Anatomy, Histology and Surgery.	RICHARD O. CURTIS, M.D., Professor of Medical Chemistry and Medical Jurisprudence.
JOHN F. STOKER, M.D., Professor of Principles and Practice of Surgery.	E. B. HASKINS, M.D., Professor of Theory and Practice of Medicine.
JAMES E. WRIGHT, M.D., Professor of Physiology and Pathology.	J. AN P. FORD, M.D., Professor of Obstetrics and Diseases of Women and Children.
JOHN J. CALLENBACH, M.D., Professor of Materia Medica and Therapeutics.	H. M. COMPTON, M.D., Demonstrator of Anatomy.

The Faculty meet upon the premises of the College and under control of the Faculty at which operations are performed, and cases presented in the presence of the class and Clinical Lectures delivered.

Amount of Fees for Lectures, \$105; Matriculation Fee, paid once, \$5; Demonstrator's Fee, required once, \$10; Graduation Fee, \$2.50.

Excellent boarding can be obtained for \$2.50 to \$4 per week.

For further particulars, applications apply to

JOHN P. FORD, M.D., Dean of the Faculty.

NEW YORK MEDICAL COLLEGE.

The Annual Course of Lectures will commence on Tuesday, October 23d, 1856, and close in the first week in March, 1857. The preparatory course will continue from September 10th, till the regular course begins.

HENRY H. BECK, M.D., LL.D., President of the Faculty and Professor of Theory and Practice of Medicine and Professor of Diseases of the Respiratory Organs. No. 12 Canton Place.	JOHN H. BARNES, M.D., Professor of Theory and Medical Jurisprudence. No. 70 Union Place.
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EDWARD HARRIS, M.D., Professor of Materia Medica and Therapeutics. No. 24 Fourth Avenue.	J. M. CARNOCHAN, M.D., Professor of the Principles and Operations of Surgery, with Surgical Pathology. No. 45 Forsythe Place.
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B. FORTMANN BARKER, M.D., Professor of Obstetrics and Diseases of Women and Children. No. 70 Union Place.	ADAM R. FRANKLIN, M.D., Professor of Theory and Practice of Medicine. No. 24 Clinton Place.
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R. C. GORDON, M.D., Professor of Chemistry and Medical Jurisprudence. No. 70 Union Place.	HENRY G. COX, M.D., Professor of Theory and Practice of Medicine and of Chemical Medicine. No. 24 Houston Street.
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THOMAS L. MANNING, M.D., Professor of General, Descriptive and Microscopic Anatomy.	
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Fees for the regular course, \$105; Matriculation, \$5; Dissection Ticket, \$3; Graduation, \$10.
There are four weekly Clinics at the College. Admission to the Hospitals free.
For particulars regard the Boarding Houses, &c., apply to the Junior Mr. Peterson at the College, No. 96 East Thirtieth Street.

New York, August 1856

R. O. DOREMUS, Dean.

PENNSYLVANIA COLLEGE.

Medical Department.—Session of 1858-9.

FACULTY.

DAVID GILBERT, M.D., Professor of Obstetrics and Diseases of Women and Children.	JOHN B. BIDDLE, M.D., Professor Therapeutics and Materia Medica.
ALFRED STILLE, M.D., Professor of the Theory and Practice of Medicine.	FRANCIS G. SMITH, M.D., Professor Institutes of Medicine.
JOHN NEILL, M.D., Professor of Principals and Practice of Surgery.	J. H. B. MCCLELLAN, M.D., Professor Special and Surgical Anatomy.
JOHN J. REESE, Professor Medical Chemistry.	J. FRANK BELL, M.D., Demonstrator of Anatomy.

The Session of 1858-9 will commence on Monday, 11th of October, and continue, without intermission, until the 1st of March. The examination of candidates for the Degree of Doctor of Medicine will be held at the close of the Session. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the first of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

Clinical instruction at the COLLEGE HOSPITAL, adjoining the College will be given on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.), to students, on their arrival in the city.

FEES.—Matriculation (paid once only)	\$ 5 00
For each Professor's ticket	15 00
Graduation	30 00

FRANCIS G. SMITH, M.D., Registrar,

July, 1858.

No. 1504 Walnut, above 15th Street.

NEW ORLEANS SCHOOL OF MEDICINE,

Situated on Common Street, opposite Charity Hospital'

The Regular Course of Lectures in this Institution will commence on MONDAY, the 15th of NOVEMBER, 1858, and continue twenty weeks.

FACULTY:

ERASMUS D. FENNER, M.D., Professor of Theory and Practice of Medicine.	ISAAC L. CRAWCOUR, M.D., Professor of Chemistry and Medical Jurisprudence.
ANTHONY A. PENISTON, M.D., Professor of Physiology.	HOWARD SMITH, M.D., Professor of Materia Medica and Therapeutics.
AUSTIN FLINT, M.D., Prof. of Clin. Med. and Auscultation and Percussion.	JOHN M. W. PICTON, M.D., Professor of Diseases of Women and Children.
THOMAS PENISTON, M.D., Emeritus Prof. Clin. Med. and Aus. and Percussion.	D. WARREN BRICKELL, M.D., Prof. of Obstetrics.
SAMUEL CHOPPIN, M.D., Professor of Surgery.	CORNELIUS C. BEARD, M.D., Prof. of Anatomy.
	J. F. GRALL, M.D., Demonstrator of Anatomy.

The Dissecting Rooms will be opened on the 15th of October. Clinical instruction will be given daily in the wards of the Charity Hospital, and three times a week at the College Dispensary, where the patients number about one hundred a week.

The College is located within thirty steps of the Charity Hospital, an advantage not possessed by any other in this country.

The Faculty of this Institution are amongst the duly elected Visiting Physicians and Surgeons of the Charity Hospital, and, according to a late Act of the State Legislature, "shall at all times have free access to the Hospital, for the purpose of affording to their Pupils practical illustration of the subjects they teach."

The Board of Administrators elect annually, in April, twelve Resident Students, who are furnished board and lodging in the Hospital; and the Students of this School are equally eligible to this place with any others.

The great aim of this Institution is, not only to thoroughly indoctrinate the Student of Medicine in the fundamental principles of Medicine by abstract Lectures, but, by drilling him daily at the bedside of the sick man, to send him forth at once qualified to recognize and to treat disease. For this great purpose, the Charity Hospital, situated at our very door, affords opportunities unequalled in this country. The distinguished ability of Prof. A. Flint, both as a lecturer and writer on Clinical Medicine, will here find an admirable field for display.

Dissecting material is abundant in New Orleans, and Practical Anatomy will be thoroughly taught. Besides spacious, well-ventilated and well-lighted Dissecting Rooms for the use of Students, a large and well-arranged Private Dissecting Room is fitted up for the especial use of practitioners who matriculate in this Institution.

The Professors will take pleasure in aiding the Students to procure cheap and comfortable board and lodging.

Amount of fees for the full Course of Lectures, \$108; Matriculation fee, (paid but once,) \$5; Dissecting fee, \$10; Graduating fee, \$25.

For any further information, address,

E. D. FENNER, M.D., Dean of the Faculty,

NEW ORLEANS, June, 1858.

No. 5 Carondelet Street.

ALBANY MEDICAL COLLEGE.

Two full Courses of Lectures are delivered annually. The Fall Course commences on the first Tuesday in September, and the Spring Course on the third Tuesday in February. Each Course continuing sixteen weeks. Degrees are conferred at the close of each term.

ALDEN MARCH, M. D., Professor of Surgery
JAMES McNAUGHTON, M. D., Prof. of the Theory and Practice of Medicine
JAMES H. ARMSTRONG, M. D., Professor of Anatomy
THOMAS ELIN, M. D., Prof. of the Institutes of Medicine

AMOS DEAN Esq., Prof. of Med. Jurisprudence.
HOWARD TOWNSEND, M. D., Prof. of Materia Medica
CHARLES H. FORTER, M. D., Prof. of Chemistry and Pharmacy
J. V. P. QUACKENBUSH M. D., Prof. of Obstetrics.

Fees for a single course, \$60; for two courses paid in advance, \$100. Matriculation fee, \$5. Graduation fee, \$20.

Material for dissection abundant, and furnished to students on the same terms as in New York and Philadelphia. Hospital Tickets free. Opportunities for Clinical instruction are believed to be equal to those afforded by any College in the country. Price of Board from \$2.50 to \$3.50 per week.

JOHN V. P. QUACKENBUSH, Registrar.

UNIVERSITY OF NASHVILLE.

Medical Department.—Session 1857-58.—The Seventh Annual Course of Lectures in this Institution will commence on Monday, the 2d of November next, and continue till the first of the ensuing March.

THOMAS R. JENNINGS, M. D., Professor of Anatomy
J. BERRIEN LINDSEY, M. D., Chemistry and Pharmacy
C. K. WINKYEN, M. D., Materia Medica and Medical Jurisprudence
A. H. BRIDGMAN, M. D., Surgical Anatomy and Physiology

JOHN M. WATSON, M. D., Obstetrics and the Diseases of Women and Children
PATRICK EVE, M. D., Prof. of Prin. and Prac. of Surgery
W. K. BOWLING, M. D., Institutes and Practice of Medicine
WILLIAM T. BRIGGS, M. D., Adjunct Professor, and Demonstrator of Anatomy.

The Anatomical rooms will be opened for students on the first Monday of October, (the 5th.)

A Preliminary Course of Lectures, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

The Tennessee State Hospital, under the direction of the Faculty, is open to the Class free of charge.

A Clinic has been established, in connection with the University, at which operations are performed and cases prescribed for and lectured upon in the presence of the class.

Amount of Fees for Lectures is \$100, Matriculation Fee, (paid once only,) \$5, Practical Anatomy, \$10, Graduation fee, \$25.

Good boarding can be procured for \$3 to \$4 per week. For farther information or Catalogue, apply to

PAUL F. EVE, M. D.,

NASHVILLE, TENN., July 16, 1857.

Dean of the Faculty.

CASTLETON MEDICAL COLLEGE.

There are two full Courses of Lectures annually in Castleton Medical College. The SPRING SESSION commencing on the last Thursday in February, the AUTUMNAL SESSION on the first Thursday in August. Each Course will continue four months. Degrees are conferred at the close of each term.

WM. P. SKYMOER, M.D., Prof. of Materia Medica and Therapeutics.
WILLIAM SWEENEY, M. D., Prof. of Theory and Practice of Medicine.
E. R. SANBORN, M. D., Prof. of Surgery.
WM. C. KITTRIDGE, A. M., Prof. of Med. Jurisp.

CORYDON LA FORD, M. D., Prof. of Anatomy.
P. D. BRANFORD, M. D., Prof. of Phys. & Pathol.
GEORGE HADLEY, M. D., Prof. of Chemistry and Natural History.
ADRIAN T. WOODWARD, M. D., Prof. of Obstetrics.

FEES.—For Lectures, \$50, for those who have attended two Courses at other Colleges, \$10; Matriculation, \$5, Graduation, \$10, Board from \$2.00 to \$2.50 per week.

A. T. WOODWARD, M.D., Registrar.

CASTLETON, VT., June, 1856.

ATLANTA MEDICAL COLLEGE.

The Fourth Course of Lectures in this Institution will commence on the first MONDAY in MAY next and continue four months.

FACULTY

H. W. BROWN, M.D., Prof. of Anatomy	ALEXANDER MEANS, M.D., Prof. of Chemistry and Pharmacy
JOHN W. JONES, M.D., Prof. of Principles and Practice of Medicine	JOSEPH L. LOGAN, M.D., Prof. of Physiology and General Pathology
W. F. WESTMORELAND, M.D., Prof. of Principles and Practice of Surgery	J. G. WESTMORELAND, M.D., Prof. of Materia Medica and Medical Jurisprudence
THOS. S. POWELL, M.D., Prof. of Obstetrics and Diseases of Women and Children	T. C. H. WILSON, M.D., Demonstrator of Anat.

FEES—For the Course of Lectures \$105, Matriculation, (once only) \$5.00 Dissecting Ticket, (taken once,) \$1.00 Graduate on \$25.00.

The increased facilities in the Departments of Anatomy, Surgery and Chemistry, afforded by ample and well adapted rooms in the new College Building, make these branches of study much more enjoyable than elsewhere.

The Dissecting Room situated in the upper story of the building, and furnished with sky light, will be opened and supplied with good and dissection subjects by the 15th of April.

Good board can be had in the city at \$3.00 to \$4.00 per week.

For further information address

J. G. WESTMORELAND, Dean.

ATLANTA, Geo., Feb. 8, 1888.

Contributions to Operative Surgery & Surgical Pathology, By J. M. CARNOCHAN.

Professor of Surgery in the New York Medical College. Surgeon-in-Chief to the State Hospital, &c.

This work will be published in a series of Numbers, to be issued quarterly. Each Number, of quarto size, will contain from Forty to Sixty Pages of Letter-press, printed on the best paper, with Illustrations of the Cases drawn from nature; will be complete in the topics it embraces; and will be published in the following order:

No. 1.

Case of Amputation of the Entire Lower Jaw. Remarks on Amputation of the Lower Jaw. Elephantiasis Arabum successfully treated by Ligature of the Femoral Artery, with cases.

No. 2.

Case of Exsection of the Entire Ulna. Remarks on Neuralgia, with Three Cases successfully treated by Exsection of the Second Branch of the Fifth Pair of Nerves, beyond the Ganglion of Meckel.

No. 3.

Case of Restoration of the Entire Upper Lip. Remarks on the Pathology of Congenital Dislocations of the Hip Joint, with Illustrations.

No. 4.

Case of Exsection of the Entire Radius. Case of Exsection of the Three Lower Fourths of the same Bone. Remarks on Osteo-aneurism, with a Case.

No. 5.

Case of Amputation at the Shoulder Joint for the Removal of a large Osteo-fibro-Cancerous Tumor of the Humerus, with Remarks on Amputation at this Joint. Case of Penetrating Gun-shot Wound of the Heart.

No. 6.

Case of Double Congenital Dislocation of the Hip Joint. Remarks on Double Capital Operations, with Cases. Remarks on the Comparative Merits of the Partial Amputations of the Foot. Remarks on Amputation through the Ankle Joint.

No. 7.

Successful removal of a large Fibro cartilaginous Tumor, growing from the Sixth and Seventh Ribs, over the Region of the Heart. Remarks on the Treatment of Varicose Veins of the Lower Extremities, with Cases. Remarks on the

Creation of an Artificial Joint upon the Lower Jaw, in case of complete Anchylosis at the Temporo-maxillary Articulation of One Side.

No. 8.

Remarks on the Operation of Double Complicated Hare Lip, with Cases. Remarks on the Etiology of Congenital Dislocations of the Hip Joint. Remarks on the Removal of the First Dressings after Capital Amputations.

No. 9.

Case of Encysted Sanguineous Tumor of the Neck successfully removed, with Remarks on such Formations. Remarks on the Purulent Ophthalmia of large and crowded Institutions. Case of Vesico-vaginal Fistula and Stricture of the Vagina, with Formation of Two Large Urinary Calculi in the Vagina, behind the Stricture. Spontaneous Cure of the Fistula.

No. 10.

Two Cases of Amputation at the Hip Joint. Remarks on the Anatomy of Femoral Hernia. Case of Epilepsy treated by Tracheotomy, and wearing of a Tracheal Tube, with Remarks. Remarks on the Restoration of the Entire Lower Lip, with Cases. Cases of Amaurosis treated with the Pomade de Goudret on the Sineput.

These Numbers are in course of preparation, and will form one Complete Volume, the First of a Series. The First Number will appear in March, 1858.

TERMS OF SUBSCRIPTION. — Each Number, 75 cents, to be paid for on delivery.

LINDSAY & BLAKISTON,

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QUERU'S COD LIVER OIL JELLY, APPROVED BY THE NEW YORK ACADEMY OF MEDICINE. CONTAINS 83 PER CENT. PURE NORWAY OIL.

The marked repugnance which many invalids feel for every kind of oil, and especially for Cod Liver Oil, prevents many patients from using it, even in cases where the physician prescribes it as the only remedy for the disease; or if the invalid after many efforts succeeds in taking it, the disgust and repugnance neutralize, to a certain extent, the good effect of the remedy. Often diarrhoea or vomiting injure the state of the patient, and the remedy is an injury instead of a benefit. These unpleasant effects are entirely obviated by the use of my Cod Liver Oil Jelly. The invalid if he follows my direction, can take it without perceiving the least taste of the Oil. I also particularly and respectfully call the attention of physicians to the *modus operandi* of this Jelly in the stomach. Instead of this feeling of nausea more or less painful, which no patient escapes, this Jelly, taken almost without taste, is gradually dissolved in the stomach. The Oil, by its combination with the sugar forms a beneficial emulsion, and being carried in this manner in an infinitesimal molecular division, every particle acts, and no loss of the remedy can happen.

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The Course is designed for practitioners as well as for students of medicine, and will consist of Twelve Lessons, three to be given each week. Ticket, \$10.

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REFERENCES:

Prof. A. Clark, M.D.,
" J. T. Metcalfe, M.D.,
" B. F. Barker, M.D.,
Geo. T. Elliot, Jr., M.D.,

James R. Wood, M.D.,
Prof. W. H. Van Buren, M.D.,
" C. R. Gilman, M.D.,
C. E. Isaacs, M.D.

NEW YORK OPHTHALMIC SCHOOL.

The subscriber will give his SEVENTH Course of Lectures on OPERATIVE OPHTHALMIC SURGERY during the Winter of 1858 and '59, at the New York Ophthalmic Hospital, No. 6 Stuyvesant Place, near corner of Third Avenue and Ninth Street.

Clinical Instruction will be given three times a week by Drs. Stephenson and Garrish, the Attending Surgeons.

Tickets can be obtained of Dr. Stephenson, at his residence, 194 Fifth Avenue, corner 25th Street, or at the Institution.

MARK STEPHENSON, M.D.

NEW YORK, Sept. 1st, 1858.

**BUGEAUD
TONI-NUTRITIVE WINE,**

Sanctioned by the New York Academy of Medicine, and prescribed by the most Eminent Physicians of New York and Paris in cases where a gentle tonic is required, and especially to convalescents from intermittent and other fevers.

This powerful aid to restoring general health is composed of

MALAGA WINE, PERUVIAN BARK AND CACAO,

and has been found most efficacious by all who have used it.

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OFFICES OF

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376 Chesnut St., Phila., & 19 Green St., Boston.

A CARD.

AT the urgent request of the principal surgeons, physicians, and our numerous patrons in Boston and various parts of the country, we have reluctantly been induced to relinquish the manufacture of Artificial Legs at Springfield, Mass., and to open an office and manufactory at 19 Green Street, Boston, Mass. We have now three institutions, to wit:—at New York, Boston, and Philadelphia, exclusively devoted to this branch of surgical art, where we can favor City, Hospital, and Country Patients of every class and condition, to the fullest extent, and with the most pleasing success, with artificial limbs that are perfectly natural in their appearance, easy and eminently serviceable in their operations, that disguise most perfectly the natural loss, and are truly economical. Mr. Palmer's Artificial Leg is without an important rival either in Europe or America, and is worn by nearly three thousand persons with astonishing success, upward of five hundred of whom are ladies, and we have thirty individuals each walking upon two Artificial Legs.

In the prosecution of our enterprise we have associated with us an experienced physician and surgeon, who considers well and discreetly the anatomical features, the physiological and pathological condition of the mutilated member so attentively that both surgeons and their patients may repose the utmost confidence in our ability and care to treat successfully and satisfactorily the worst forms and conditions of mutilated limbs.

We have thus far been able to keep pace with every improvement and humanitarian effort of the operating surgeon to save every portion of limb that is possible, in constructing the most useful and beautiful appliance for the parts made by the part's operation at the Foot, by Syme's operation at the Ankle and Knee Joints, and for every portion of limb, of the Leg, or Thigh.

In this respect as well as in the peculiar and beautiful mechanism of this limb, our mutilated patients are most sensibly aided in the enjoyment of the superior benefits which science and art afford, which have not, hitherto, been associated in the practice of this branch of Surgery. Until recently, and in connection with this invention the patient after submitting to a most painful and humiliating mutilation has been committed to the care and operations of some common artisan—was, being entirely ignorant of the anatomy and pathology of the amputated limb—as also of the demands of nature, and alike regardless of the wounded spirit of his patron, has proceeded to add misfortune to misfortune and heap humiliation upon humiliation!

The science and art which have distinguished our operations and given them a triumphant and happy success we are pleased to know, have been generously appreciated and accredited by the most prominent surgeons in this country and in Europe our numerous patrons, and the intelligent community in general. In ERICHSEN'S new and popular work on Operative Surgery (London), this limb has been honorably noticed as follows, to wit:—"The most perfect of all the Artificial Legs we now possess is the one invented by Mr. B. F. Palmer. This invention received the *Prize Médal* at the World's Exhibition of 1851. It merits the entire confidence of the Surgeon." In VALLEAT'S distinguished work on Surgery, with notes and observations by VALENTINE MOTT M.D. Prof. of Surgery and additions by GEORGE C. BLACKMAN, M.D. Prof. of Surgery, is the following extract, to wit:—"The Artificial Leg of Mr. B. F. Palmer has won the admiration of the most prominent surgeons in Great Britain, France, and this country. This certainly is one of the greatest triumphs of American ingenuity." These limbs are very durable, yet light the average weight being four pounds. They are applied to the tenderest and shortest stumps with entire success. The leg is finely ventilated. In this country it has been exhibited thirty-five times, and in every instance received the *award of the highest or first premium*. The patient is enabled to walk immediately upon its application, with remarkable ease, comfort, and naturalness.

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Burge's Apparatus for Fractured Thigh

is respectfully submitted to the examination and criticism of the profession. It is a late invention, which has elicited very favorable comment, as far as it is known. It has been thoroughly tested in actual practice, and has produced the most gratifying results. It is remarkably simple in its construction, easily applied, comfortable to the patient, adapted to fracture of either limb and to patients of any size. It is free from all the objections to which the ordinary straight splint is liable and possesses other new features of great practical utility. By it the counter-extending pressure is confined to the nates and tuberosities of the ischia and does not at all impinge upon the front of the groin, by which means one of the most frequent sources of annoyance and danger is obviated. No part of the body is confined except the injured limb, and that to which it is immediately articulated, viz., the pelvis, thus the chest is left entirely unrestrained, and much freedom of motion granted to the whole upper part of the body, which tends greatly to the comfort and health of the patient.

The pelvis is so secured as not to be liable to lateral motion or to sink in the bed.

Provision is also made for facility of defecation, thus ensuring the greatest possible cleanliness, and preventing the necessity of disturbing the patient when his bowels are moved.

Members of the profession may obtain this apparatus complete in all its parts, and nicely packed, by sending **THIRTY-FIVE DOLLARS** by mail or express to the address of

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For further particulars see Transactions American Medical Association, Vol. X, and New York Journal of Medicine, May, 1887, or address as above.

NOTICE.

The subscriber having removed from 309 Broadway, corner of Walker Street, all orders, in future, for his Preparations, are to be addressed to

THOMAS T. GREEN,

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TO THE MEDICAL PROFESSION.
"Ferruginous Preparations."

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Would call the attention of Physicians and Druggists to their large assortment of Ferruginous Preparations, protected by a covering of sugar, so as to warrant their keeping for any length of time. These Sugar Coated Pills or Dragées prepared by Messrs. Garnier, Lamouroux & Cie. of Paris, are warranted to contain the exact proportions, and prepared from the very purest articles, the following are a few of those we can furnish in any quantities at the lowest wholesale price viz: Iodide Lactate, Hydrogen reduced, Manganese and Iron, Fallet's Citrate and Tartrate of Iron, also Quinine Pills, 1 gr. each; all the combinations of Extract of Copaiba, Cubebs and Iron, Assafatida Pills; all the alkaloids in granules of one fiftieth (1-50) of a grain, Opium Pills, 1 gr. each; and other U. S. Pharm. Pills.

PHYSICIANS' PRESCRIPTIONS

will be put up with the above Dragées or Sugar Coated Pills only when prescribed; thus for abbreviation S. C. at the end of the pill prescribed, or the full word Dragées of Iodide Iron, &c. &c., &c. We have at the disposal of the Faculty correct lists, with proportion of active ingredients in each Dragée or Pill

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Formerly occupied by George D. Coggeshall, and that he will there carry on the business of an Apothecary, in connection with his old establishment,

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All new preparations made or procured at short notice.

The undersigned will also endeavor to keep a supply of fresh Vaccine Virus for the benefit of the profession, on the usual conditions.

WM. J. OLLIFFE,

**6 BOWERY, near Chatham Square, and
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February, 1868.

AMERICAN MEDICAL GAZETTE.

Vol. IX.

OCTOBER, 1858.

No. 10.

ORIGINAL DEPARTMENT.

THREE INTERESTING SURGICAL CASES.

By JOHN G. F. HOLSTON, A.M., M.D.,

Professor of Surgery and Clinical Surgery National Med College, Washington, D. C.

Extirpation of the head of femur. Operation for impassable stricture by external incision. Straightening of ankylosed knee by forcible extension, subcutaneous sections.

Case 1st.—Henry Lippitt, æt. 27, light hair, sallow complexion, scrofulous temperament, fell upon the left trochanter some twelve to thirteen years ago. He complained at the time of much pain and walked lame for some time, but apparently recovered without much treatment. Uneasiness, sometimes amounting to pain, however, recurred occasionally, particularly when he, as he was liable to do, struck his toes against an obstacle and stumbled. These transient attacks were considered as rheumatic and received but little attention, till about 3 years ago when an abscess formed on the upper and inner part of the thigh, which being opened by a medical gentleman in Pittsburg, discharged a quantity of, said to be, healthy purulent matter. The wound not healing, this gentleman, upon exploration not having found any diseased bone, slit open the fistula and dissected out the lining membrane of the supposed chronic abscess without any favorable result. A physician in Zanesville, Ohio, under whose charge he then placed himself, failing also in discovering diseased bone, made a counter opening to beneath the trochanter-major, whereupon the matter took that route, the original wound healing. The poor sufferer, in constant

pain, disappointed in all the hopes of relief from legitimate medicine, tired out with useless incisions and explorations, now listened to the promises of an itinerant preacher-doctor, from a neighboring village, and entered trustfully upon a year's medication, by roots and *yarbs* to purify his blood, no cure no pay, and recovery promised by the 1st of April, (All fool's day, alas!) 1858. The time arrived and as no cure had been made, by the earnest solicitation of his sisters I was now put in charge of the case, which I found as follows:

Person exceedingly emaciated, complexion sallow, pulse weak 105, tongue red at the edges, upper surface covered with a thick white fur, yellow streak in the centre. Appetite variable, bowels alternating betwixt constipation and diarrhoea. Is able to sit part of the day in a rocking-chair. Rather restless at night. Urine deposits sometimes white, at other times lateritious sediment. Patient suffers occasionally from nephritic pains, relieved by the passage of small phosphatic calculi. Chills followed by fever and perspiration every evening. Irritative cough, though no certain evidence of tubercle in the lungs.

The left leg was contracted so as to form one right angle at the hip, the other at the knee. There was an ulcerated opening of a semilunar form, about $2\frac{1}{2}$ inches wide behind and around the trochanter-major, from which a copious sero-purulent discharge flowed. The posterior part of the trochanter was exposed in the wound, covered with fleshy granulations. The substance of the trochanter was so soft as to be easily penetrated by the point of the bistoury. Preferring my finger to probes for the exploration of the wound, I carefully passed the right index, well oiled, into the wound. The external constriction passed, it entered a large cavity at the bottom of which the ischium was found bare and roughened through its whole extent. Passing the finger under the femur and along the neck, the cavity was found to extend to the edge of the acetabulum, which was in that place as well as the head of the femur found separate from the soft parts. Diagnosis, caries with necrosis of the head of the femur, with part of the os innominatum. Prognosis extremely unfavorable. No chance of cure without removal of the diseased parts, and the low condition of the patient rendering even that dreadful expedient in a manner hopeless. This state of things being explained to the patient, he at once became clamorous for an operation, declaring that he could not die contented without the chance, however dubious, being afforded him. Under those circumstances, with the concurrent counsel of Dr. Culbertson, of Zanesville, Ohio, I reluctantly consented to operate.

April 12th, 1858.—Commenced preparatory treatment, by prescribing crude opium in i. gr. pills to be repeated pro-re-nata, to subdue pain. Syrup of the phosphates of iron, etc. 1 ss. 3 three times a day, with porter and generous diet. Under this treatment, having previously most absurdly been kept on low diet, he immediately commenced rallying. His tongue cleansed, his appetite became nearly natural, the discharge from the wound assumed a creamy consistence, and notwithstanding a slight back set from the passage of a pea-sized phosphatic calculus on the 17th, he was on the 20th considered in as favorable state as was likely to be realized for the operation, his pulse gaining in fullness and being reduced to 95; cough entirely gone as well as the chills.

April 20th.—OPERATION. Being placed on the table properly supported, chloroform was administered. He exhibited strong resistance to the anæsthetic, and it was not till the breathing was stertorous and the pulse intermittent that complete insensibility was produced; the contractions of the limb remaining.

I now enlarged the wound upward along the neck of the femur, separated the muscles adhering to the trochanter, and divided the external portion of the capsular ligament. Several arteries sprung, but were immediately arrested by small pledgets of lint dipped in solut. ferri. perchlorid, so that no ligature was needed. The affected limb was now crossed over the sound one and by means of a lithotomy scoop, the head of the femur disarticulated, the round ligament as well as over half of the capsular having been destroyed by ulceration. By the chain-saw the bone was divided betwixt the greater and less trochanters, and an additional portion of the shaft that was found preternaturally soft removed afterwards. The chain-saw was then applied successively to the ascending ramus and to the body, near the spine of the ischium, and the bulk of that bone, that was entirely denuded of soft parts, thus removed. By the application of the gouge every remnant of diseased or dead bone, including one-third of the acetabulum, denuded of cartilage and softened, was thus removed.

The wound being cleansed and lightly dressed, the patient was removed to bed, having been under the influence of the chloroform for about an hour. As the limb could not be straightened it was supported on pillows. I was kindly and efficiently assisted in the operation by D. Howard Oulbertson and my son, æt. 14, who, notwithstanding his youth, rendered efficient service.

The patient soon became conscious, and having suffered no shock,

there was no very evident reaction, the only change being that the pulse rose to 100-105, and that he remarked the absence of the perforating pain in the region of the ischium.

Everything went on well till the 15th, pulse and appetite improving, discharge less and more natural, and myself, as well as the patient, began to entertain some hope of his ultimate recovery; when suddenly on the afternoon of that day he was seized by restlessness and sinking, with a return of diarrhoea and other unfavorable symptoms. He rallied soon, however, but on the 18th, the same hour, was seized with a still severer spell; the fluid evacuations from the bowels now were very offensive and puriform, the wound surrounded by an erythematous blush, the discharge thin and offensive. After again slightly rallying under the influence of stimulants and quinine, he had the third attack on the following afternoon, same hour. In spite of all exertions he continued to sink, and by a singular coincidence died, conscious to the last moment, on the 27th of April, 7 o'clock 7 min. P. M., just 7 days, 7 hours and 7 minutes after the completion of the operation. Several cases of erysipelas about this time were manifested in the city, and probably that epidemic constitution, not declared before, had its share in hastening his death. The head of the femur was of the consistency of dry cheese. No *post mortem* was allowed.

2d. *Impassable Stricture* cured by external incision. T. Hasen, æt. 32, a farmer, robust, and healthy of appearance, being thrown from a wagon about a year ago, bruised the perineum, and was at once seized by total retention of the urine. The first physician called failed to introduce a catheter, which a second one with much difficulty accomplished. Successive urinary abscesses formed in the perineum, but the patient learned to apply the catheter, and thus relieved himself. Some time last fall the first medical gentleman, who had continued in attendance, proposed a surgical operation for the purpose of a radical cure.

A grooved staff being introduced as far as the obstruction, an incision was made into the perineum, and the urethra opened upon it anterior to the stricture. The surgeon after many fruitless trials was totally baffled in every attempt to find the distal end, and abandoned the operation; from this time forward till last July, no instrument, not even the smallest, could be passed into the bladder, and the urine dribbled away guttatim. At that time he came under my charge. Myself and Dr. A. Ball, of Geneva, the gentleman who had previously introduced the catheter, were completely foiled, and saw no resource except in an operation. Dr. Ball being unfortunately obliged to be

absent, the operation was performed with the assistance of the same gentlemen who so kindly aided in the first case.

OPERATION.—The patient being placed in the position for lithotomy, the attempt to introduce an instrument through the stricture was again unsuccessfully made. The strictured part of the urethra extended from the root of the scrotum to the membranous portion, presenting to the touch a cartilaginous cylinder, over an inch thick and some three inches long, including, of course, the bulb. I intended to reach and open the membranous portion, open it and pass an instrument forward if possible, or keeping straight in the median line, out through the cartilaginous stricture without guide. The patient being fully chloroformed, we renewed our attempts to pass an instrument, and I finally succeeded by lifting the point of the director (medium size,) to engage it in the stricture, and with some degree of violence to pass it onward to the bladder; the sensation conveyed was that of the tube being cut in two, and the extremities imperfectly applied to each other. The perineum was opened in the median line, the finger introduced into the rectum, and the scalpel plunged in half an inch in front of the anus, its back to the bulb of my finger, and guided into the groove of the director; the cartilaginous body was then rapidly slit open through its whole length, the largest size gum catheter introduced, and the patient put to bed. He soon was conscious, suffered no pain, and was sensible of a great relief. The catheter remained three days, and was then withdrawn coated with calcareous matter, and then replaced by a flexible metal one, which remained till the ninth day, when, the wound in the perineum having perfectly healed, it was also withdrawn. The patient continues to urinate in a large stream, but as a precautionary measure introduces the largest size flexible catheter twice a week. The callosity is completely melted.

3d. Contracted Knee. Amanda Burns, of Somerset, Ohio, *æt.* 10, florid and fair, never having been subject to any form of scrofula, fell and bruised her knee, about six years ago. This injury was followed by severe inflammation and extensive suppuration, and after having for many months languished between life and death, she arose from her bed a cripple, the limb being permanently flexed at right angles.

She was brought to the Dominican Sisters at Zanesville, to be near me, and after a short preliminary treatment consisting of a few purgatives and light diet, I operated July 20th, ult.

The limb at this time presented the following appearance:

The joint perfectly immovable, the flexors firmly contracted, but in-

capable of being rendered tense by bending the joint, the sides and inferior parts of the joint covered with contracted cicatrices.

The thigh was nearly equal to its fellow, but the leg (the right one) below the knee appeared, from arrest of development, no larger than that of a child six years old.

Being fully chloroformed, she was placed on her face, and with considerable exertion of force the joint was first bent, till the heel touched the nates, the bony union yielding with such a loud cracking, that the attendant sister (no coward) almost swooned with terror. Being now extended, the flexors could be brought into tension. The biceps, semi-membranosus, semi-tendinosus, and finally, also the sartorius and gracilis being subcutaneously divided, the limb admitted of some extension, making very evident the contractions of the fascia, which was also subcutaneously divided in three places, the limb now straightening to a very obtuse angle. A roller was applied from the toes to the groin, and a carved splint of proper angle placed under the joint. She slept quietly for half an hour, woke free from pain, and could only by inspection of the limb be convinced that anything had been done. Being somewhat restless at night, she had 20 drops of laudanum and a comp. cathart. dragees next morning, which operated well. No shock, reaction or fever manifested themselves.

July 24th. The splint and bandage were removed. The punctures found healed, little or no soreness. The patient was again chloroformed, and by Jarvis's adjuster the knee brought nearly to the level of the sound one, the patella also becoming somewhat moveable. Dressed as before, substituting a straight padded splint under the limb. This time some pain and fever followed, which, however, entirely subsided in forty-eight hours. The 1st of August she commenced walking with two crutches, and soon after left for home. Four weeks after the operation she was able to accompany her mother to church *without crutch or staff*, with a very moderate limp that will be entirely remedied by a thick cork sole under her shoe.

What a blessing is chloroform. It enables the patient to pass through the most terrible operative ordeal, suffering only a blank in his existence. Shock, reaction and fever (at least that is my experience,) are, also, almost entirely avoided. Could all the lives that chloroform saved be as faithfully trumpeted forth by the press as the few deaths it is *said* (I have in twelve years seen none, nor any one who did see a death from it,) to have caused, the slight shade on its reputation would be swallowed in the beams of its transcendent glory.

Deeming these cases of interest, I have sent them to the GAZETTE, and remain your friend. H.

LETTER FROM DR. SUCKLEY, U. S. A.

The following Errata occur in my Report on the Fauna and Medical Topography of Washington Territory, published in the Transactions of the American Medical Association, Vol. X., 1857. Being in Europe at the time the report was printed, I had no opportunity of correcting the proof sheets, consequently many annoying typographical errors exist in the work, which at this late day I have no other means of rectifying than through the pages of the Medical Journals of the country.

GEORGE SUCKLEY, M.D.

Errata contained in the published Report on the "*Fauna and Medical Topography of Washington Territory*," communicated to the American Medical Association by Dr. Geo. Suckley, of the U. S. Army, at the Nashville Meeting of the Association, and contained in the Transactions of the Association. Vol. X., 1857.

Page 186, 17th line from the top, for *thueja gigantea*, read *thuja gigantea*.

" 186, 22nd line from the top, instead of rich "spongy" ground, read *rich, springy ground*.

" 187, 8th line from top, instead of "the Southern Desert or Boreal waste," read, *Southern Deserts or Boreal wastes*.

" 187, 16th line, read *conons* instead of "caverns"

" 187, in the first "foot note," instead of the words "this singular and immense region," read *the singular and immense arid region*.

In the same note, instead of Sec p. 761, read *see p. 761*.

" 188, 10th line from top, for geological "regulations," read *geological relations*.

" 190, 13th line from bottom, for Sakama Pass, read Yakama Pass.

The same error is repeated 5 lines below.

Same page, on the 5th line from the bottom, read *Fort Ludlow*, instead of *Fort Ludlow*.

" 192, in the note attached to the Steilacoom record, read *hyetal* precipitation, instead of *hepetal* precipitation.

Page 195, foot note, instead of *Angus McDowald, Esq.*, read *Angus McDonald, Esq.*

In the list of Mammals on Pages 196, 197, and 198, are many misprints.

For <i>Canis nobilus</i> ,	read <i>Canis nubilus</i> .
" <i>Lutra marines</i> ,	" <i>Lutra marina</i> .
" <i>Mustela pennellii</i> ,	" <i>Mustela Pennuntii</i> .
" <i>Barroted Lynx</i> ,	" <i>Banded Lynx</i> .
" <i>March Hare</i> ,	" <i>Marsh Hare</i> ,
" <i>Aplodontia leporina</i> ,	" <i>Aplodontia leporina</i> .
" <i>Arctomys flaviventus</i> ,	" <i>Arctomys flaviventis</i> .
" <i>Sorex Sackleyi</i> ,	" <i>Sorex Suckleyi</i> .
" <i>Dipodemys</i> ,	" <i>Dipodomys</i> .
" <i>Vespertilis</i> ,	" <i>Vespertilio</i> .

On other pages the generic names of the birds, quadrupeds, &c., should be commenced with capital letters, as for example on page 201, line 16, instead of "*microptera Americana*," read *Microptera americana*.

Page 201, line 21, for *scelopacrus*, read *Scolopacrus*.

" 201, line 27, for *Ortyx plumifera*, read *Ortyx plumifera*.

" 203, in the list of Serpents, read *Pituophis Wilkesii*, instead of *Pitnophis Wilkesii*.

" 204, 4th line from the bottom, read *Phrynosoma*, instead of *Phrynosoma*; on the same line the words *skunks* should be *skunks*.

Throughout the report the *Dalles* and *Fort Dalles* are in every instance incorrectly printed "*Dallas*" and "*Fort Dallas*."

Dr. Morton—his Patent—Suit against a Hospital Physician at Boston—Endorsement by a Medical Clique at New York—Historical Facts Undoubted Claims of Dr. Wells to the Discovery of Anæsthesia.

In the last number of this Journal we made some remarks upon the subject of anæsthesia, especially relating to the authorship of this greatest medical discovery of modern times. We now briefly submit a few facts, and our readers can make their own inferences, simply adding that ample evidence is now in press.

The first discovery of practical anæsthesia was made at Hartford, Conn., in Nov., 1844, by Dr. Horace Wells, which discovery was at

once made known and reduced to practical daily use in Dr. Wells' dental practice, and in surgical operations then and there. In December, 1844, Dr. Wells visited Boston for the express purpose of making his discovery known to the surgeons of that city; his desire being, to use his own words, that it should be "*as free as the air we breathe.*"

During that visit, he called on Dr. Morton, (formerly his pupil,) and to him and to Dr. C. T. Jackson stated particulars of his discovery, and during the same visit delivered a lecture before the medical class of Dr. J. C. Warren, and extracted a tooth, which, owing to partial and insufficient inhalation of the nitrous oxide gas, was not a complete success. Dr. Wells' representations were laughed at and treated as an attempt at imposition, by Drs. Jackson and Morton and the medical class.

Dr. Wells returned to Hartford, was prostrated by sickness, but on recovery resumed his practice and the use of anæsthesia, using as agents both nitrous oxide gas and ether.

In the *Boston Medical and Surgical Journal* of June 18, 1845, Dr. P. W. Ell-worth published an article "on the Modus Operandi of Medicine," referring to Dr. Wells' discovery of anæsthesia and his success as an established fact.

Subsequently to Dr. Wells' visit to Boston, and during the spring and summer of 1845, Dr. W. T. G. Morton, (former pupil of Dr. Wells,) called at Dr. Wells' office a number of times and requested particulars of Dr. W. respecting anæsthesia, which were freely and fully given him.

With these facts in view, and we state them as facts, it is singularly interesting to review Drs. Jackson and Morton's careful process in this discovery and their starting faith at once fully pledged, prepared to accomplish, if possible, a *financial success*.

In September, 1846, Drs. Jackson and Morton announce the discovery of anæsthesia, and under the name of "*Letheon*," lose not an instant in securing Letters Patent, disguising sulphuric ether by calling it a "*compound*."

Subsequently the partners in this fraud disagree, and although they had taken *oath* that it was a *joint* discovery, then and there for some ten years past, each has spared no effort at home and abroad to prove the other a deliberate knave. We think that both have succeeded in their showing.

Dr. Jackson's claim of 1842 we must place beside his Telegraph discovery of a later date.

But what shall we say of Dr. Morton's conduct in this case? We say, that it is *proven* that his first intelligence of the principle of anaesthesia was received from Dr. Horace Wells, in November, 1844; he carefully witnessed it in person at Dr. Wells' office during the summer of 1845, and by this previous attention was prepared safely to astonish Dr. Jackson and the medical profession of Boston by his seeming rashness.

Obviously, the man could gain no credence by his general or specific intelligence; ergo, it was the inspiration of true genius.

But let us see what was Dr. Morton's first impulse, and also Dr. Jackson's. We answer, financial success—nothing more and nothing less. We refer our readers to his Circular, under date of November 26, 1846, headed "Public Caution," following which, he speaks with virtuous indignation of "certain unprincipled persons, in the face of law and justice, attempting to *pirate* said invention." And again, he kindly continues his caution, proposing to dispose of licenses upon such terms, indeed, as must prove altogether less expensive to the purchaser than it will probably cost him in time and money to undertake to defend himself in the courts for infringement on my rights in the premises, to say nothing of the dishonor or disgrace which invariably attaches itself to every individual who attempts to appropriate to himself, in secret or otherwise, that which is not only not his own, but which belongs in "Law, Equity, and in Fact, solely to another, his neighbor or fellow citizen."

Can quackery exceed this? can "piracy" be more sternly rebuked?

We are fallen upon strange times. Among the "unprincipled persons" who are indulging in this "piracy" on Dr. W. T. Green Morton's rights, and, consequently, are suffering this "dishonor and disgrace" for sinning against "Law and Equity," is Dr. Davis, of the Marine Hospital, Chelsea, near Boston.

Dr. Morton has, we are told, commenced a suit against this wretch, and as money is needed to prosecute the matter vigorously, he comes to New York City, and hat in hand, he begs the medical men of New York to start him a "National Subscription," as a public benefactor. We must confess that we can recall no precedent that bears any comparison.

We are proud of the medical profession in this city, that they so readily respond to the recognition of this great discovery, but we deprecate an *ex parte* hearing, and this is all that has been presented by Dr. Morton.

He has spent time and money as a distinguished member of the "third house" at Washington, looking for compensation from the government, of at least \$100,000; he has prosecuted the medical profession for using ether, alleging an infringement of his "Patent;" and now, as means to an end, he solicits a "National Subscription." These points have claimed his time and attention mainly, for ten years.

Should his pretensions be sustained by an indiscriminating public, we may look for a renewal of his "Letters Patent," a revised edition of his "Public Caution," and Dr. Davis will be useful as an instance of an "unprincipled person" justly punished for his "piracy."

SELECTIONS.

THE CRIME OF INFANTICIDE.

The British medical press discourses upon this subject with great plainness of speech; and the statements made are such as to appal us by the figures which they exhibit, and to sicken us by the deliberate atrocity with which many innocent victims are disposed of.

Great Britain, with her dense population, finds by no means contemptible rivals in other nations in the practice of this revolting crime. Its perpetration amongst us here at home is a frequent and notorious fact, clearly manifesting the laxity of religious and moral feelings and principles, and the deplorable cold-bloodedness which can induce a mother to destroy the fruit of her womb! Second only to the actual destruction of the lives of children—whether the latter are *trucidati in utero*, or slaughtered after birth—is there heartless and wanton exposure, at all seasons, at the doors of citizens, or in lanes and streets—at the risk of perishing by the countless agencies liable to extinguish the feeble spark of life.

The ancient English laws against infanticide were of such severity as to defeat the very end they sought. But the London *Lancet*, whilst it states this fact, also says that the laxity of the present code leads to precisely the same result. Thus, "the law requires proof now, that the child was wholly born when it was killed;" whereupon the journal we cite very truly remarks that "a child may be killed while only a hand or a foot remains in the vagina, and yet the guilt of murder is not legally incurred." A short-sighted policy indeed—and deservedly stamped with the epithets of "a mockery of justice," and a shallow compromise of a wicked offence" (*loc. cit.*, July 17, 1858.) Prisoners have thus escaped punishment, when their children have been

proved to have been decapitated, killed by throat-cutting or by strangling.

Often the hand of violence is not actually laid upon the wretched offspring of crime or of poverty; "criminal neglect" may easily suffice to rid the unnatural parents of a burden, and enable them to secure the premiums paid by clubs which insure the lives of children.

"The coroner for Middlesex computed the annual infanticide in London as high as 300. He thought that £10,000 might suffice to check the evil. Surely it were a small price for such a boon!"—*Lancet*.

This subject is one of national importance, as the above journal intimates. Who is willing to hear the statistics in our own land, relative to it? Who can doubt that they would be both startling and deplorable? Neither apathy nor severity will effect a reform; but a steady, persevering, kind and united effort of men and women who love their kind and country, might finally realize great results. The matter cannot be hid under a bushel, nor should we, from fear, refuse to approach it—any more than did Mr. Acton the kindred evil of prostitution. If we do not destroy the serpent, we are likely to be its victims.—*Boston Med. and Surg. Journal*.

[Our Boston confreres are reminded that Foundling Hospitals constitute the only remedy for this waste of human life; and yet, when these were elsewhere urged a year ago, they among others utterly opposed the measure, and ignored the reasoning by which they were defended.]

[One of the most interesting features of the late Medical Congress at Washington in May last.]

DR. PARKER'S CHINESE HOSPITAL.

Dr. Peter Parker, ex-commissioner to China, was introduced and received with applause. He exhibited some curious specimens of *calculi*, as the results of thirty-eight operations upon Chinese. They were of various shapes and composition, and weighed from a few drachms up to three, seven and eight ounces. His description of the operation by which these calculi were removed, was deeply interesting, and it was gratifying to learn that out of the thirty-eight patients all but five or six recovered perfect health.

Dr P. proceeded to state that he has treated in China, at the Hospital under his charge, fifty-three thousand cases. Pictures of the

most curious cases he had brought to this country, and they were on exhibition in the room below. At no very distant period he hopes to place in a permanent form the result of his labors, with illustrations. Among other cases he had probably performed upwards of a thousand operations for cataract. On one day he operated in sixteen cases, the youngest being a mere child, and the oldest an old lady seventy-nine years of age. She came led by a servant, submitted heroically to operations on both eyes the same day, and in a fortnight had her sight perfectly restored. In acknowledging a vote of thanks, Dr. Parker said he had among his patients all classes, from members of the imperial family down to beggars.

His greatest difficulty had been to persuade his patients that he could not cure all diseases.

THE INAUGURATION OF JENNER'S STATUE.

The 17th of May, 1858, is an era in British science; for on this day, for the first time, the same honor has been publicly paid to a man of science and a philanthropist which has hitherto been thought the exclusive due of military and political eminence. The statue of Jenner, in spite of the opposition of some who profess to march in the vanguard of civilization, now occupies one of the most prominent positions in the metropolis of Great Britain; a sign to the people of what persevering energy, combined with scientific sagacity, may accomplish to the advancement of human happiness; a proof to the laborer in the cause of science and humanity, that if he achieves something worthy of his country's gratitude, that country henceforward may reward him as she has hitherto rewarded the heroes of another stamp. It was a noble sight to see the assemblage of peers, of distinguished commoners, and of the most eminent in the medical profession, which, on the 17th of May, united, at the Royal College of Physicians, under the presidency of His Royal Highness the Prince Consort, to do honor to the great name of Jenner. It was touching to hear men who form a link between the last generation and the present one, like the illustrious Marquis of Lansdowne and our professional brother, Dr. Pettigrew, speak of their personal reminiscences of the man; the former the first nobleman to recognize his merit, and to come forward in his support—the mover in the House of Commons of the resolution to confer a grant of £20,000 upon Jenner, not as a reward, but as an indemnification; the latter, one of the personal friends of Jenner, and one of

the oldest vaccinators in the kingdom. It is unnecessary for us in this place to urge the importance of vaccination, but we would fain hope, with the Royal President of the meeting, that its result may be to arouse the attention of the public to the merits of the great discoverer of vaccination, and that it may be the means of preventing that neglect of vaccination, owing to which, in this country, no less than 5,000 persons still fall victims to small-pox annually.

[The following choice morcean will bring the blush to the cheek of certain New York medical endorsers of humbuggery, and shame the Governors of the Alms House for their recent robbery of the city treasury, to reward a public impostor.]

[From the Boston Medical and Surgical Journal.]

Suit for Damages for Using Sulphuric Ether.

It is announced in a public print that W. T. G. Morton has entered a suit against Dr. Davis, Surgeon of the U. S. Marine Hospital at Chelsea, for infringing his patent for the use of Ether as an anæsthetic, laying damages at \$5,000. This is a strange proceeding, surely, after the boast of his friends, a few years since, when, striving to excite "palpable sympathy" for him, they asserted he had given this precious boon of anæsthesia "to be as free as heaven's own sunshine." We have never yet known it to cost any one \$5,000 for the privilege of using "heaven's own sunshine. But this suit has other import. What will be the consequence if it is decided in favor of Morton? If Dr. Davis can be mulcted \$5,000 for its use in the U. S. Marine Hospital, what sum will the Surgeons of the Massachusetts General Hospital have to pay for using it? Or will they be let off, in consideration of a certain *quo* for a certain *quid*? But should they be let off, there would still be enough Dr. Davises left, viz., the city institutions, all operators in surgery, all dentists. These in turn, and, in short, all who ever use anæsthetics, would be equally liable with Dr. Davis for a certain number of hundreds or thousands of dollars, in proportion to the frequency with which they handle the scalpel or pullikens. Such is the aspect of the affair, at the best of it; and, limited to it alone, we might hope that Morton will be cast, and judgment given in favor of Davis, and that anæsthesia may still be as "free as heaven's own sunshine," and humanity still enjoy its boon.

But the affair has another look, when we are told, by the same daily

print, that this is an amicable suit, gotten up, of course, with Dr. Davis's consent, for the ulterior views of Morton. This is a grave charge against one of our profession, and we are astonished that Dr. D. has not explicitly denied it long since—that he has suffered it to remain uncontradicted, repeated from paper to paper, for a month. It may be said that it ought not to be believed—that it is too gross on the face of it; but there are certain reasons for the plausibility of the charge. First, the well-known unscrupulousness of Morton—his deadness to all moral sense—favors it on general principles; and we do know, positively and personally, that he made a distinct request of a medical gentleman, high in public office, for permission to enter an amicable suit against him, in order to establish a prestige for him (Morton), under which he could more successfully and effectively carry on his operations in Congress. The offer was spurned with a scorn and contempt commensurate with the high honor of the man to whom it was made. We are sorry that Dr. Davis has not shown some such feeling on occasion of his being charged with such disgraceful collusion. Another thing is suspicious: the suit has been entered, and Dr. Davis's property been for some time attached to meet its demands; yet two weeks ago he had not employed any counsel, though the suit is to be tried next month. Were this a private matter, we would feel no right to thus parade Dr. Davis's name, coupled with such dark suspicious against him. We hold our own character higher than even the reports of a daily print, and would not care to set it fair where it had been clouded from such a source. But this is a matter where the profession at large, and Dr. Davis's relations with it, are greatly concerned. He is not to be the only sufferer, if suffering there is to be. The assault on him is not an affair that stops with his defeat. The passage with him is one in which Morton has nothing to lose, but everything to gain; where every advantage accrues to the latter, and which, if in any measure triumphant, will be used according to that measure to the discomfort of the profession, to the annoyance of every practitioner in it, and to the advancement of one who has hitherto shown no sympathy with it, and now proves that he has none even with the sufferings of his fellow-creatures. We therefore feel that we have a right to address Dr. Davis thus. Accident has placed him in a situation which makes him, in a certain matter, the champion of the profession against the absurd claims of charlatanism. We have a right to ask him why he is not doing, and what he is doing, and even what does he mean to do? To put the mildest

[From the American Journal of Psychiatry.]

**Association of Medical Superintendents of American
Institutions for the Insane.**

Highly interesting discussion at the late meeting at Quebec, 1858.

Dr Ray read an elaborate paper on "Mental Hygiene," which was listened to with deservedly marked attention from beginning to end; and touching upon points of the utmost importance in that connection, it called forth a very interesting and profitable discussion. He dwelt more particularly on the bad effects of too close intermarriages, and injury to the mental health attendant on a want of a proper amount of rest and sleep, together with some minor points, the substance of which is brought forth in the discussion.

The discussion was opened by Dr. Workman, who strongly deprecated the system of education as carried on at the present day. He did not think it right to consider a child of four years of age a block-head because he could not speak two or three languages, and study mathematics, as a collegiate. He was forcibly reminded of a remark of Dr. R., of Montreal, in speaking of these prodigies; that they were "infant philosophers, and became adult fools." He cited the case of a little girl who was worked to death by these means, and whose mother said she died of dysentery! In conclusion, he stated that he did not direct the education of his own children according to the present fashion. If he were called on to legislate on the matter, he would forbid any child being sent to school before the age of seven years; and he could say from experience in his own family, in which he had tested the rule, that no loss would be sustained from its universal adoption. It was much to be hoped that we were on the eve of a healthy reaction in this department of human affairs, and no men in society can bear more ample testimony than our specialty to the evil consequences of overdriving the youthful mind, and the disregard of those requirements of the physical economy which the voice of nature continually proclaims.

In connection with intermarriages, he stated that the census of Canada for 1852 showed that the number of insane in the lower Province was much greater than in the upper. A great proportion of the cases termed insanity were certainly idiotic. Was it not highly probable that close intermarriage for several generations among the French people of Lower Canada, had resulted in the production of idiocy? It had been ordered in the beginning, that a man should "leave his father and mother" when he took a wife. In Canada, we found the

men of New England and Scotland almost invariably go back to their native parish for their wives. Need we wonder that insanity is found to be on the increase, when such pains were taken to perpetuate it? He trusted that as several of those now present were bachelors, and Quebec ladies were attractive, they would take the hint.

Dr Choate said: "I have been much struck with some of the views brought forward in the paper, and particularly with those in relation to causes of disease operating *peculiarly* in the United States. I think the great strife which exists to keep up appearances under straitened circumstances, and the constant struggle which is going on to rise in social condition, are powerful causes in producing insanity in this country, particularly among females of the middle and lower classes. In the old countries the social position of all classes is more fixed. There is less strife and more contentment.

"In relation to the effects of intermarriage among blood relatives, I have been led to have serious doubts. It happens that in the district of the State of Massachusetts which sends patients to the Tann-ton Hospital, are three or four communities, which have lived for many years by themselves upon the Islands of Nantucket and Martha's Vineyard, and although they have constantly intermarried, the proportion of insane persons among them has always been small.

"The remarks of the gentlemen who have spoken upon the subject of intermarriage appear to me to show, that this cause may operate strongly in producing defects in the senses, in speech in hearing and in sight, but not particularly in producing insanity. My friend Dr. Ranney, informs me, that for two or three centuries the royal family of the Sandwich Islands have been in the constant practice of intermarriage, and that yet they excel all other nations of those islands in physical and mental development. Statistics alone can settle this question, and these we have not sufficiently accumulated."

In answer to a question from Dr. McFarland, Dr Chipley stated that he had learned from Dr Bemis, who had collected a great many statistics upon the subject, that insanity was not of very frequent occurrence in connection with intermarriages. The evil rather reached the senses, and we had the blind, and deaf and dumb in almost every family. The marriages were almost always fruitful, and generally one or more of the children were deaf and dumb blind or idiots. Such an effect had these facts upon the community that they were carried to the Legislature, and a bill passed the House, but failed in the Senate, forbidding the marriage of first cousins.

Dr. Morrin stated that, in the neighborhood of Quebec, two first cousins married, and the whole of the children were deaf and dumb. He knew where intermarriage of first cousins was practiced in a family among the aristocracy, nearly the whole of whose members were insane.

Dr. Hills expressed his gratification at hearing such an able paper, and said that he could fully concur in every point that it touched upon. He stated that he had had in his institution three instances of parents and children being insane; had now at least four instances of brothers and sisters being insane, with consanguinity of parents. He might add, in this connection, that he had two instances of husband and wife being insane, but without any blood relation between them. He stated that the County of Guernsey, in his state, sends an unusually large number of insane to the asylum, and it was believed that this was owing to the great extent to which intermarriages took place in that community. He was surprised to hear the doubts expressed, that consanguinity in parents ever caused insanity in the offspring. He had been led to think it a frequent cause. Its non-appearance until in mature years does not disprove a constitutional cause, any more than in hereditary cases. The State of Ohio had sought out the parentage of all cases of insanity, idiocy, deaf-mutism, and blindness, and the facts elicited show clearly this cause in the production of all of them. The report, however, was very imperfect.

Dr. Atton, in connection with the subject of intermarriage, stated that about fourteen instances of intermarriage had come under his observation. He had inquired into the condition of the progeny, and found that in nine children there was physical deficiency—one of hearing, one of seeing, one could not talk, two had not the use of their lower extremities, and two in one family were near-sighted.

Dr. Jarvis, expressing himself pleased with the reading of the paper, stated that he felt much gratified to hear such a unanimously favorable opinion from the members. He thought it should be sent to every family, and read by every individual. Very few knew the manifold dangers that affect the mind. The evil influences he thought as numerous as those which act upon the body. He referred to the present system of education, and its deleterious effects upon the mental health, and stated that most falter under the continued strain; some break down, and others become insane. From the finest intellect to the lowest, he considered that no one thought right at all times; that with every one there were times when the mind was not as clear

as it should be. This was attributable, perhaps, to a hearty dinner, overwork, want of a proper amount of sleep, excessive exercise or excitement, or other mismanagement of the physical or mental powers. He wished particularly to call attention to the imperfect education everywhere given, in school and out of school, and continued: "In manifold ways every one is taught, but taught *lost* to know himself; knowledge of the sciences, of external nature, history, philosophy, &c., is freely given, but not that of our own internal nature, of the powers of our body and our mind, their relation to each other, and their mutual influence. Nevertheless, most in the United States have some sort of education to fit them for action in the world. But connected with this, there is a danger to mental health, if not peculiar to this country, at least greater here than elsewhere. All the employments, all the paths of life are open to whomsoever can and will enter and walk in them. Moreover, no one is confined to the path he may have once selected, but he can at any time change, and take any other more suited to his capacity, his taste, or his ambition.

"Our people generally not only aim higher than those of most other nations, but they are constantly looking upward, to see if they may not better themselves. And whenever occasion offers, they are prone to leave the more humble, quiet, or less profitable avocations, for those that promise more, or are more flattering to their ambition. Hence we find cultivators of the soil becoming traders, patient mechanics becoming manufacturers, the small trader enlarging his business to that of a wholesale merchant, the working man turning speculator, the capitalist going to the stock exchange and dealing in matters of doubtful value. Some leave the plough or the workshop, and become scholars or enter the professions. The quiet workman, or man of business, enters the field of politics, and engages in the anxieties and strifes of parties, or in the management of the affairs of state. Science is popularized and offered, in some form, to everybody; and some who have been contented with the learning of the common school, or with reading the common works of history, travels, &c., become interested in subjects of a higher nature. They study the sciences, dip into philosophy, theology, and chemistry. They become physiologists, astronomers, and phrenologists.

"In all these, and manifold other ways, men here assume burdens of thought, study, care and anxiety, such as they had not been trained to bear, and they lay a weight upon their brain which they have not been accustomed to sustain. They suffer, in their mental part, as

the tailor or clerk would, in the physical part, if he were suddenly to leave his sedentary employment, and become a farmer or a stone layer. They endanger the brain, as certainly as the abstemious dietetic would his stomach, if he were suddenly to take the sailor's hard fare, or the gourmand's luxurious profuseness. It is no wonder, then, that some of these find themselves in a wrong position; that some falter in their new work, and stagger beneath their unaccustomed burden; that some are disappointed and heart broken; and that some waste their mental forces in the vain struggle for success, and a few become insane. This is one of the evils of our present civilization, and it will follow us, until we make another advance, and teach men their own natures; their strength and their weakness, the limit of their capacity, and their liability to suffer if they overstep the law of health, misappropriate their powers, or assume any burden which their original constitution or their training has not prepared them to sustain. I venture to hope, therefore, that Dr. Ray's paper will be printed, and spread broadcast through the world, to warn men to prepare themselves, by a better education, for the responsibilities of life, and by a better discretion, to apply their powers to such purposes as they were fitted to accomplish."

Referring to the fact stated by Dr. Ray, that one third of the children die before they are five years old, Dr. J. said that he had recently made a calculation of the connection of ignorance of mothers with the early mortality of children, in England and Wales, through seventeen years, ending with 1854. In those counties where 63 per cent of the women when married were unable to write, there were 749,927 marriages and 2,553,774 births; 19 per cent. of the children died under one year, and 34.52 per cent under five years of age. But in other counties where only 30.77 per cent of the marrying women were unable to write, there were 804,170 marriages and 2,933,573 births; and of these children only 15 per cent died under one year, and 27.79 under five years of age. Thus showing an excess of 26 per cent under one year, and of 24 per cent. under five, in the more ignorant over the more intelligent counties.

Dr. Harlow stated that the subject of hereditary insanity was one which had occupied his attention considerably. As far as he could get at the facts about two thirds of the patients have had insane relatives. In regard to intermarriages he had not been able to arrive at any satisfactory conclusions. In regard to precocity, he referred to the early age at which students entered our colleges, and said that

they were less likely to make their mark in the world than those who entered at a more mature age; that many of our most respectable schools greatly erred in forcing the intellectual advancement of their pupils at such an early age, in order to get them through young; and that although they seemed to run well at first, they often fell in the rear at the end of the race. In other words, they might be the best fitted for college, yet graduate with the meanest honors.

Dr. Smith thought the valuable paper read by the distinguished president, this morning, should not be passed over in silence. The subject of Mental Hygiene, he believed, had never been brought before the Association, and he regarded it one of superlative importance, and coming peculiarly within the province of our specialty. He thought the Association should feel greatly indebted to Dr. Ray for his paper, not only on account of its intrinsic worth, but from the fact it would prove instrumental in directing attention to a subject fraught with the most important results, and inducing close and discriminating observation and investigation. He hoped we would all have the pleasant privilege of perusing it, with care, in the JOURNAL OF INSANITY, and, indeed, would rejoice to see it in every family on the American continent.

Dr. Ray stated that the remarks made upon the subject of intermarriage of relatives had induced him to make an additional observation upon that subject. Since the writing of that paper, within a few months there had appeared a work in London, by Mr. Buckle, called "The History of Civilization in England and France," and it was decidedly one of the leading works of the day. In that work is denied, point blank, the whole doctrine of hereditary influence. Now, we had been believing all this time that such an hereditary influence does exist, and we were suddenly called upon to prove it. He imagined that it would be difficult to furnish the proof on the spur of the moment. He was ready to confess that the facts which bore directly upon the subject were not easily got at. And we believed it, he apprehended, rather upon the strength of some general impressions, than of copious and reliable statistics. The same might be said in relation to the injurious effects of intermarriage. He thought the only course was to enrich our statistics, and he hoped that in every hospital for the insane or idiots inquiry would always be made in relation to the mental condition of the patients' relatives. In that way a great many facts might be ascertained upon this subject. The examples which had been alluded to of limited communities, such as Nantucket, were

of questionable value, and must be very closely scrutinized. Nantucket was isolated, it was true, from the rest of the continent, but it must be born in mind that a great proportion of its male population die abroad, and consequently the supply of husbands must come from another quarter. Hence the statistics were not of so much value as they would seem to imply. The inquiries made upon the subject had resulted in the establishment of the fact, that the mingling of common blood has led rather to a deterioration of the senses than of the brain. It was well to bear in mind, however, that statistics should always be consulted with reference to the exact object for which they were made. He stated that he would like to draw the attention of those present to another point mentioned in his paper, a little more fully. He saw no cause in operation more calculated to deteriorate the power of endurance, both physical and mental, than our system of education. It was a matter of everybody's observation, and everybody's duty, to set themselves against it. The results of our opposition so far promised but little, but still he thought it was none the less a duty to persevere.

Dr. Ray continued: "Children are put into school almost as soon as they can go alone, and kept there six hours a day, and as they advance the work increases. If fortunate enough to reach the age of twelve unscathed, then the great physiological evolution takes place, and they have more than they can bear. They go into the high schools, where the sessions are six hours each, not for the sake of study, perhaps; some do not study in school at all, the time being occupied only in recitation. They are kept at their exercises out of school frequently until ten or eleven o'clock at night. I am astonished every little while at some new revelation respecting the extent of these practices. A few weeks ago I found that in one of our high schools, girls who ought to be in bed at nine o'clock, were up habitually till eleven or twelve o'clock, getting up their exercises for the next day. The number of youth that break down in consequence of excessive cerebral activity is countless. The disease may pass under some other name, even dysentery, as in a case that came to my notice only last week. A lady informed me that a dear and only daughter, fourteen years old, died at school from dysentery, though the disease seemed light, and her physicians declared, only an hour before she died, that there was no danger. It appeared, however, that she was one of those intellectual children who are fond of study, and that she had been encouraged to use her brain to the utmost extent, without any of those

exercises and recreations which might, in some degree, have checked the ruinous effect of such a course. In this condition she was attacked by a disease which, under other circumstances, would not have been serious, and she wanted the nervous energy to resist it. This case illustrates an effect of excessive cerebral exercise, too much overlooked. I mean the inability to bear the least shock of disease in any other organ, as if the vital forces had been all used up in supplying the demands of the brain. The ordinary manifestations of this condition are so common, that, in consequence of their very commonness, they fail to make any impression upon us. Foreigners coming among us see it, and speak of it. Sir Charles Fox, one of the Commissioners of the Crystal Palace, while in Boston, not long since, visited one of the high schools for girls. On coming away, he remarked to his friend, 'You seem to be training your girls for the lunatic asylum.' Such was the impression made upon an intelligent stranger, by their intellectual achievements, in connection with their pale and sallow faces."

In conclusion, he said he was much struck with the full, robust forms and rosy looks of the Quebec girls, as contrasted with the thin, slight frames, pale and sickly faces of the American girls in the States, and hoped they would never adopt the forcing, stimulating modes of education.

ADDRESS OF S. YATES LEVY Esq.

At the Oglethorpe Savannah, Ga. Medical College Commencement
March 31, 1858.

The artificial mode of our living, the free gratification of our appetites, and the luxuries of civilization have so increased, that this vast world is now so full of men whose constitutions have been so injured by the suffering humanity. At first, these remedies, good and simple, were often the result of credulity and superstition. Then investigation led us to the blind gropings of ignorance, and finally science undertook the cause, and penetrating the dark cave in which this treasure of knowledge has been, brought it forth, day by day, to alleviate our ills.

Passing over the state of Medical Science in the earlier ages, when Empiricism rose to the dignity of a god, when Galien and Hippocrates flourished, and when the secret means of recovering health were passed to posterity in poems.

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gods, we find the Genius of Medicine in the middle ages bound and fettered, and under the care of two jailors, Alchemy and Monkism; in the one case, men shutting their eyes to the great sun of science, went hunting for diamonds with the rushlight of superstition, and regarding health and wealth as the two great desiderata of life, strove to discover the secrets of the elixir vitæ and of the philosopher's stone; in the pursuit of these, and in the progress of the many experiments made blindly by these enthusiasts, numerous secrets important to science came to light—secrets which inspired the uninitiated with vast wonder and awe, and which invested the experimenter with the magic robe of necromancer, as well as of physician; and thus faith and credulity enabled the magician to make many cures that the simple physician could not. The monk, too, in the silence of his cell, studied the healing qualities of herbs and simples, and trusting implicitly to the dicta of tradition and experience, (and no less trusting than trusted in by all classes,) set up as a doctor on his own account, and was immediately in possession of a large charity practice, acting the double part of physician and apothecary.

Such was Medicine in the middle ages; if my Lord of Northumberland made a foray into Scotland and caught an ugly gash from the broad spear of a moss trooper, he was content to trust his wound to the care of his faithful squire; or if his Grace of Sussex lay sick nigh unto death with a tertian ague, Madame the Duchess would call in Father Ambrose, from the neighboring monastery, who would come with his herbal, and subject the shaking duke to the same practice as is so much in vogue among the old country women of Georgia at this very day; or perhaps she would call in the surgeon and let him bleed until disease would fairly yield to very weakness. This you will say was rough as well as simple practice. Still it was the corner stone on which now rests the splendid fabric of surgery and medicine.

Still we must not suppose that the healing art was entirely so rude; in Southern Europe and in the East great attention was being paid to it and to Chemistry; unfortunately, however, the latter science, far from being studied with a view of prolonging life, was cultivated from a desire of destroying it, and a pair of gloves or a fragrant flower, sent to adorn the delicate hands, or to blush on the fair bosom of beauty by a jealous rival, too often became the agents of destruction. It was the age of poisoning, and to subserve the purposes of intrigue, Chemistry became the slave of evil; but, while it was the age of pois-



owing, it was also the era of experiment, and on experience and experiment rest the props of Medical science.

At last the Genius of Medicine, bursting her fetters and issuing forth for the benefit of man, commenced to enlist the great and the good in her service. Devotees flocked to her aid, prepared to hazard all in her behalf; but what an ordeal had they to pass through! The charnel house was to be sought, and they themselves, hanging over the loathsome relics of mortality, were to drag forth the arcana of nature, hidden and guarded as these secrets were in the receptacle of death, at the hazard of their own lives. Every nerve, every artery, every vein which is involved in the machinery of man, was to be examined; Nature was to be probed to her very heart; disease, in its most ghastly forms, was to be confronted face to face; and the pestilence, far from being avoided, was to be sought, to be grappled with, to destroy or be destroyed. And well did they, and still do they fight this good fight; the conqueror storming through blood-stained fields, and excited to daring by the madness of the moment, may be a hero, but he is no greater hero than he who, by the couch of the suffering and dying, looks death, even when arrayed in his most hideous forms, calmly and coolly in the face, and defies him to the worst. Take for example that physician of Marseilles, who, blessed with a lovely wife and children, wealthy, young and respected, had all which could make life desirable. The plague was devastating his native city, and the only means of staying its career was to be found in the dissection of one of its victims; it was a fearful resort, for certain death awaited the brave heart who should dare thus to attack the pestilence. This young physician did not hesitate an instant; taking a farewell of his family, as a man going to execution, he proceeded to the chamber of death, and there, single and alone, he went through the dreadful ordeal, coolly and quietly taking his notes as he dissected. His task finished, he unlocked the door, where his brethren, with pale faces and eyes flashing with admiration, awaited him, and plunged the papers into a jar of vinegar to divest them of the contagion. He smiled joyfully upon them, and they knew that the plague was ended. The career of the monster was stayed; but they saw, too, that death was in the face of their comrade, and the vanquished pestilence frowned defiance on them from the pale brow and fading eyes of the dying hero.

Do you deem this a solitary example? I tell you that ten thousand gallant souls are ready to meet the same fate in the same cause; a grand army marching in solid phalanx to meet in combat the grim

battalions of disease and death; pausing at no obstacle, checked by no disaster, dispirited by no reverse, they press onward in the noble cause of their fellow men

Another instance: A city\* lay prostrate under the fierce beams of an almost tropical sun, and day after day, hour after hour, the pestilence was seizing its victims. A deep despondency, a hopeless panic had taken possession of all: some had fled,

“ And men forgot their passions in the dread  
Of this their desolation.”

To walk under the light of the moon, which shone so fairly, was death, for the plague lurked in the night air. Day after day they died, and still the mortality increased, until even coffins were wanting to bury the dead, and they went naked and unhoused to their last resting place. And still the votaries of medicine toiled on, hoped on; still battling against the enemy. At last they conquered, but only after their own ranks had been thinned by death. The cause sanctified the sacrifice, and the names of Harris, Wildman, Brantley, Hartridge, Ellis, and others, will go down to posterity in a flood of light.

But while we thus give a due degree of praise and admiration to the profession, let us not forget the physician's greatest aid and support in the offices of the sick chamber. Who is there that has not, when his brow quivered with pain and the unwelcome groan would issue from his unwilling lips—who is there that has not felt the pain grow lighter, and the burning fever stay its mad career, under the cool, soft touch of dear woman's hand? Who is there that has not, seen encouragement beam from the smiling and sympathizing eyes of the loved form which flits so mysteriously and quietly around his couch; the loved being who rises but to attend to the duties prescribed her, and then patient, watchful and attentive, once more returns to her post, which affection robs of half its weariness. Sympathy and pity in her eye, patience and gentleness in her voice, there is a divine beauty hovering around her, bringing hope, comfort and cheerfulness with her presence. Such a one, I think, must be she, the fair-haired, meek-eyed English girl, who afar off there at Scutari mingled with the bustle of the camp, and left home, and friends, and comfort, to carry aid to the wounded soldier. We can imagine her, as she glides down the long rows, where lie the mutilated victims of war, so full of pity, so weak and fragile in womanly delicacy, yet so strong in energy

\*Savannah, 1854—FACULTY.

and charity! We can imagine eyes, drowsy with agony, opening to catch a glimpse of her loved figure, the fierce expression and contracted brow of the wounded veteran, softening into love and admiration; and the hum of many weak voices murmuring out, in heartfelt sincerity, "God bless her, God bless her!!" Surely never from spared church nor marble cathedral, never from the courtiers of conqueror or despot, rose such a chorus of praise and thanks to the blue dome of Heaven as rose from that hospital at Scutari, as still rises from the grateful heart of many a war-worn English soldier.

As the profession of medicine rose and the physician took his place high in the social scale, there were not wanting quacks and impostors who endeavored to reap the honor and benefit without the toil and danger. Human nature is credulous, and it was so easy to start a new theory, and so enticing to the people to embrace it. If the patient recovers, it is to be regarded as an indubitable evidence of the truth of the theory; but if he dies, it was the will of God, the intention of Providence; the poor fellow's time had come, and no system could have saved him. Thus we see that an imposition, conceived and carried out by a German in Paris, (who in fact laughed in private over his own doctrine, and the credulity of his disciples,) has existed now for upwards of seventy years, and the followers of Mesmer are as numerous at this day as they ever were. Preisnitz still has his admirers, who will cure you (or kill you) with cold water; another drives out disease with steam; while another will declare that sickness yields to vapors inhaled into the lungs; some other philosopher and savant sets to work and floods every paper in the country with the blessed announcement that he has invented a wonderful specific with a long Greek name, which will cure every known disease that ever flew from Pandora's box to torment humanity.

It is to guard against these that you have your colleges and diplomas, as well to give an evidence of medical merit as to instruct. But while we wage war on these professional pirates, let us not in our arrogance and presumption brand, unheard and unexamined, everything new advanced, merely because we do not understand it, or because we do not find it mentioned in the "*Materia Medica*." I confess it is hard to discriminate between the genuine discoverer and the empiric; but still there is not the less necessity for it. It has been said that the great discoveries and improvements in medical science have never met with greater difficulty and opposition from any class than from the profession itself; and when we remember the opposition to Jenner

and Harvey, almost amounting to persecution, we cannot deny that there is some foundation to the charge.

At the present day the science of medicine has made and is making vast strides. There is hardly a civilized land that has not its Medical Colleges; Chemistry is rushing onward in its marvellous career to aid the good cause; and Medical Journals spread over the world the daily discoveries that are made, and induce a free interchange of opinion. Many great facts are doubtless yet to be found out, for the intricacies dwelling in the *nervous* organization of man are as subtle as they are endless. But the age of senseless credulity and superstition has passed by, and acute and earnest spirits are eagerly at work, to add a few more ears to the granary of scientific knowledge. Let us hope that their endeavors may reach a speedy success, for they are directed to the highest and noblest end to which the exertions of man can be directed—the alleviation of the sorrows and ills of his fellow man; and let us, if we cannot add anything to their cause by our own exertions, at least bestow our encouragement on those who so well deserve it, remembering that though we cannot banish death from the earth, still we may succeed in rooting out a few of the thorns that strew the narrow pathway going down to that dark and gloomy valley, where we shall all be surely gather together.

*Gentlemen of the Graduating Class:*

It may be well for me before I close to address a few remarks to you, touching the duties and responsibilities you assume in entering upon the practice of your profession. It is related that the monks of La Trappe, on taking the vows of their order, provided themselves with their coffins and shrouds, that they might keep daily in view the solemn lesson of the grave. And surely your future lives may be likened unto theirs. The lawyer, starting in life, looks forward to the excitement and eclat of forensic strife; the merchant, although he may anticipate reverses and troubles, still expects to pass a life of comparative ease; the mechanic, earning his bread by his daily toil, girds up his loins, and his daily labor o'er, sits quiet amid a happy family. Your pathway takes you hourly amid scenes of sorrow, desolation and death; and the first injunction I would impress upon you is not to allow the frequent recurrence of these scenes to blunt your sensibilities or dry up the fountains of sympathy which spring up fresh from the heart. It will be your fate to see many, many scenes of bereavement and anguish. The wife gazing tearless on the motion-

less form of him she loved so well; the sister and the brother hanging weeping o'er the form that many years of association and love have so endeared; the low, sorrow-stricken wail of the mother over her first born; "the cry of Rachel weeping for her children, that they are not." In such moments as these a word of sympathy, a single tear, may be a source of consolation beyond all expression; do you be the good Samaritan to pour a few drops of balm into the wounds of these bereaved hearts. Do not conceive it beneath your dignity or manliness, however poor or abject the object of your sympathy may be; for remember that he whom many of us regard as a Divinity, before whom *all* of us bow with the most profound respect, remember that *he wept* for human suffering when other eyes were dry.

Do not, whatever may be your religious opinions, jeer at the precepts of piety and religion; for take my word for it, whatever may be our intellect or reason, our strength of mind or fortitude, in times of grief and affliction there is no panacea equal to that simple and unaffected faith which bows its head to the storm, and, looking up to a higher intelligence, says, with enduring resignation, "Father, not my will, but *thine* be done."

In your attention upon your patients be attentive, kind and enduring; recollect that pain and feebleness will succeed in making the best of us querulous and peevish; bear this with patience and good temper, and thereby gain the confidence and affection of those who employ you. You will have much charity practice to attend to; perhaps will be called out at unseasonable hours, with no hope of reward; remember at that moment of petulance the trials, the sorrows, the sufferings of those in this situation, and do not by a rough or ill-judged expression add mortification to their other woes; be, on the other hand, more delicate and guarded than you would be with others, for the sensitive poor are more sensitive than the sensitive rich; be all kindness—God knows how much they need it; and earn a high position in

"The short and simple annals of the poor."

In your conduct and bearing towards your fellow practitioners be kind, courteous and obliging; be particular never to decry the merit of a brother physician, for slander and jealousy always recoil on the head of him who utters the one and feels the other; on the contrary, be particular always to extend the full mead of praise to those who deserve it, and as to those who do not, let charity cover faults with the veil of silence.

At this moment, when you stand on the threshold of the world, about to fight the battle of life, enter the firm vow that now and henceforth you discard all youthful follies, all boyish weaknesses, unworthy the great profession you have adopted. Recollect the grand object of your mission, the awful responsibility of your duties, and determine that no consideration shall cause you to swerve from the beaten path of rectitude. Remember above all things, that nothing is to be done, no position in life, whatever may be your intellect, is to be attained without labor; that without it man loses half his dignity, all of his independence; and that the fiat of Heaven, "thou shalt earn thy bread by the sweat of thy brow," carries to the votaries of exertion the assurance of success. Let your life, then, be one of study, keeping in view that the discoveries that study may lead to shall not only be the source of honor to ourselves, but the means of health and comfort to millions yet unborn.

And so, gentlemen, after this long chapter of advice, which I hardly know that I am authorized to give you, let me close these remarks with the sincere hope, in which I am sure all of us present will join, that you may be successful and prosperous in the career you have chosen.

#### TAPPING IN OVARIAN DROPSY.

By R. McDANIEL, M.D., of Laurens District, S. C.

Mrs. B., 34 years of age—of strong constitution—the mother of seven children—was attacked with ovarian dropsy in 1841; died the 4th of January, 1858, making sixteen years from the commencement of her disease to the termination.

Mrs. B. was treated by several experienced physicians, for upwards of two years. The accumulation still increasing, and the disease becoming more alarming, a consultation was called November 10th, 1843; and the operation of tapping was performed, for the first time, by Dr. R. C., with the evacuation of thirteen quarts of water. From that time to the termination of the case she was tapped two hundred and nineteen times, with the evacuation of four hundred and ninety-five gallons of water.

Dr. R. C. continued to perform the operation of tapping for a number of times, when the instrument was given up to the Rev Mr. B., her husband, a very intelligent man, who performed the operations up to the time of her death, and who kept a correct statement of the



number of times that she was tapped, and the amount of fluid evacuated at each operation.

Mrs. B. gave birth to two daughters during her illness—the first one, March 22nd, 1843, which lived and did well; the second was born June 19th, 1845, which lived a few hours, and expired; the operation being performed twelve times up to this date.

Four years previous to her death a tumor made its descent into the vagina, filling the whole vagina, which interfered very much with the convenience of the patient in a sitting position. A physician was called in—the tumor, or sack, was pierced, with the evacuation of eight quarts of water, to the great alleviation of the patient. During her illness she was tapped twenty-nine times per vaginum, yielding from five to twelve quarts of water at an operation.

For the last few years, being the family physician, and being called to see Mrs. B., who suffered much in the latter period of her disease, I found that, after the operation of tapping, inflammation of the sack had ensued several times, but was combated, successfully by a strict antiphlogistic treatment: inflammation ensuing again after the two hundred and eighteenth operation, proved rapidly fatal.

At the earnest solicitation of the patient, she was tapped a few hours before she expired.

I report this case to the profession, on account of the frequent number of tappings and the aggregate amount of water that was evacuated. As far as my knowledge extends, such a case is rare, if it does not exceed any on record.—*Southern Medical and Surgical Journal*.

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#### **Report of a Committee of the Buffalo Medical Association on the Presentation of Medical Accounts.**

It has been, and still is, the general but not the invariable usage of the profession in this country, to render their accounts annually or semi-annually only. This custom originated mainly from two causes: First, the sparsely inhabited condition of the new settlements and the inability of the residents to meet their obligations, except at certain seasons of the year; and Secondly, The promptness and cheerfulness with which the pecuniary relations of physician and patient were recognized and discharged. These causes, happily in the first, and unhappily in the second place, no longer exist, and there consequently appears to be no other reason for the continuance of the custom than that of precedent—a precedent that is in reality rather burdensome

than advantageous to the debtor, while to the creditor it is always an inconvenience, and not infrequently involves the loss of an entire debt. It is no idle vaunt, that legitimate medicine is not practiced for money; fortunately, the physician has other motives and other rewards; but still it must not be forgotten, that he and those dependent upon him look to his profession as their livelihood, and his receipts should not be more distant or precarious than those of other persons, particularly as he is expected to pay his own debts as promptly as others, and has no exemption, above his fellows, from pecuniary obligations of every description. It is often stated by those engaged in commercial pursuits, that professional men should not require quick returns for their services, as they have no cash capital at stake. This is an error. Many years usually elapse before the outlay required by three years of pupilage, and the possession of the necessary books and instruments, is once turned. But the absolute amount invested, although necessarily considerable, should weigh little in comparison with the mental anxiety and responsibility that must ever attend the physician; nor does it bear any proportion to the physical hazard involved in exposure to disease and to the elements at any and all hours.

The public are concerned more nearly than they perhaps suppose in the prompt and full compensation of medical men. As has been before stated, legitimate medicine is not practiced for money alone, but the physician who is harassed and annoyed by debts he has been obliged to contract, although he may have, upon his books, a large surplus in his favor, is in no frame of mind to give that entire and undivided attention to his patients which their condition may require, and which he would wish to bestow. Another reason for ready payment of the physician exists in the fact, that he renders his services where they are required, not when it will be convenient to him; besides, he *gives* largely, not only of his time and skill, but also of his means; for the pain and need that meet his eye often make an appeal to the heart that suffers no delay. He gives, moreover, to every public charity. There is not a hospital or an orphan asylum, or any kindred institution, to which his services are not rendered gratuitously and cheerfully. To every appeal for private or public benefit he is expected to respond, and he does so largely and liberally in proportion to his means.

Such being the position and such the claims of the medical man, should he not receive a fair proportion of an income, that from the nature of its source is of necessity variable and precarious? This he

does not do under the present system of collecting. What is advisable? Shall he claim his fee when he makes his visit, as is done in Great Britain, and in the larger towns on the Continent? To this there could be no objection, and with certain exceptions it would be best for all parties; but so radical a change your committee do not wish to urge, save in case of strangers and non-residents. They offer, however, for your serious consideration, the following proposition, viz:

RESOLVED, *That it is deemed just and expedient that all accounts for medical services be presented at least as often as every three months.*

The financial revulsion of the past year points strongly to the wisdom of such a course. Had this been the usage, many accounts now probably entirely lost would have been cheerfully and easily settled. A medical bill is always paid more readily, when the remembrance of professional service is fresh in the memory of the recipient. "That short accounts make long friends" is an axiom not less true in medical than in other matters; a bill cheerfully paid is twice paid, while one grudgingly settled, or extracted by force of law, is never discharged satisfactorily to either party. Your committee are fully aware that the resolution they have presented cannot be made binding, nor would they have it so. They would wish a just discretion to be exercised, but it appears in their judgment highly desirable that the general usage should be such as advised, and their proposition is therefore respectfully committed to the attention of their professional brethren, and to those who are equally interested, the public.

THOS. F. ROCHESTER,  
AUSTIN FLINT,  
SANDFORD EASTMAN.

On motion, the report was accepted and the committee discharged.

Prof. Hamilton moved that the sentiments of the report be approved by the meeting, and that the resolution contained therein be adopted. Which being done, the publication of the documents in the daily papers was ordered.—*Buffalo Med. Journal.*

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[From the New Orleans Medical and Surgical Journal.]

### AN EPISTLE UPON YELLOW FEVER.

RAYMOND, MISS., *August* 11, 1858.

DR. BENNET DOWLER, *New Orleans, La.*: Dear Sir—I hope you will excuse me for taking the liberty of asking you a few questions

upon the subject of the treatment of yellow fever. I know that your time is very much occupied with your various duties, and, consequently, I feel afraid that I am drawing too heavily upon your kindness in requesting you to give me the desired information. If you can do so with convenience, you would oblige me by giving me the general course of treatment pursued by those most successful in the treatment of the disease in question.

Are the patients confined under blankets, to induce and keep up a perspirable state of the skin? or are they allowed simply covering enough to make them comfortable, as in the treatment of other diseases, etc., etc.?

Very respectfully, your obed't serv't,

GEO. LATIMER, M.D.

Everywhere in the medical world, and by everybody in it, is felt one prevailing hope, one great desiderated finality, namely, a clear, precise, and certain knowledge of the method by which diseases, whether isolated, endemic or epidemic, may be cured. In all ages since the eating of

"The fruit  
Of that forbidden tree, whose mortal taste  
Brought death into our world and all our woe,"

sages and charlatans, the wise and the unwise, have clearly seen that this is the first, last, only aim of the healing art, which Hippocrates and his successors for more than two thousand years have labored to achieve;

"Which kings and prophets waited for  
And sought, but never found."

Yet the experience of the ancients for more than two thousand years has been virtually, almost entirely lost, because they have not transmitted to their successors the precise diagnostics and natural classification of diseases, together with their pathology and therapeutics. What satisfactory information is derivable from Hippocrates' account of his visit to the son of Parion, a fever patient, who died on the 120th day, near the temple of Diana? or what can be learned in the case of Pythion, who lived above the Temple of Hercules, and whose fever did not reach a crisis until the 100th day? or from the case of Heropythus, whose fever proved fatal on the 10th day? Perhaps the first two cases were typhoid, such as Louis and Chomel have described, and such as I have seen and treated in Virginia; cases which have run on to the 100th day. Who can tell? Had Hippocrates

given the diagnosis, pathology and treatment of these and many other cases of fever to which he alludes, the study of these, and their comparison with febrile maladies in every æra, and in every place, would, like a gushing mountain spring, have flowed in a continuous and increasing stream down the declivities of time, irrigating the fields of science.

In reality, medical, not less than cosmical phenomena, may be uniform, fixed and certain; yet, owing to our imperfect knowledge of the complete history of the former, they appear unstable, changeful, irregular, and sometimes altogether uncertain. For the individual student, medicine must be perpetually re-investigated, nay, re-created out of the past and the present. The labors and the thoughts of others will, for him, supersede neither the necessity for experimental labor nor the necessity for laborious thinking.

Would not the same medicine, it may be asked, which cured a Greek or Roman, cure a Louisianian or a Mississippian? Undoubtedly; provided the cases be precisely alike, parallel in every condition and direction. But how is this identity to be determined and made manifest beyond mistake? Perhaps no written description can be given of the normal, not to mention the pathological appearance and physiognomy of any person in New Orleans so as to be recognizable by a person in Raymond, Miss. It is still more difficult to portray in a recognizable form the differential diagnoses of diseases and their varying stages and rapid metamorphoses occurring in the same epidemic, for which new combinations of remedial measures may be required, and in which judgment and personal observation are involved. For example, there is in a comparatively limited number of yellow fever cases at the very onset acute pains throughout the whole body, as if the pains of dengue, rheumatism, and choleraic spasms were concentrated in one individual. A stout man, otherwise courageous, rolls and screams, and annoys his neighbors. A solution of the sulphate of morphia, if not contra-indicated by some condition of the brain, which, however, is not likely to happen, will, in such a case, afford surprising, almost immediate relief, without interfering with ulterior curative measures. The beneficial effects of opiates are not, however, restricted to such cases alone.

The removal of pain is a gain by no means to be despised. Pain is an element of disease of great significance, whether it originate in the dynamics or in structural changes of the economy. Its elimination

augurs favorably for the ulterior treatment by either the doctor or the doctress, *Vis Medicatrix Naturæ*.

But neither my time nor the remaining space of the Journal will admit of going into the remedial plans and measures which I prefer in the treatment of yellow fever.

But it may be said, "we asked for bread, and lo! we have received a stone." Not exactly so; for if the gentleman who does me the honor to ask "whether the patients are to be confined under blankets," etc., etc., etc., will look into this Journal, vols. xii. and xiii., particularly the latter, he will find my views expressed in length upon this part of his inquiry, not only physically and physiologically, but pathologically and therapeutically; and, without going back beyond the times of the Cæsars for authorities, lo! is it not written in Celsus, (*De Medicina*, l. iii. c. vii.,) that at the onset of an ardent fever, even in advance of all internal medication, the patient must be *refrigerated* with oil and water, and be put in a well-ventilated chamber, where he may have abundance of pure air; he is to be covered lightly, not suffocated, literally strangled, by bed-clothes, nor *à fortiori* by blankets and feather beds: "*Si vero ardens febris extorret, nulla medicamenti danda portio est; sed in ipsis accessionibus oleo* (the oil may safely be omitted) *et equa REFRIGERANDUS EST, que miscenda manu sunt, donec albescant; eo conclavi tenendus, quo MULTUM ET PURUM AEREM TRAHERE POSSIT; NEQUE MULTIS VESTIMENTIS STRANGULANDUS, SED ADMODUM LEVIBUS TANTUM VELANDUS EST.*" I venture to think that ætiology, physiological chemistry, clinical experience, common sense, and instinct are on the side of the Roman Hippocrates.

There are several particulars in which physicians without experience in yellow fever are very liable to be mistaken. For example, the diagnostication of this malady in its inception is often difficult for the most experienced, though its advanced stage is easily recognized even from written or verbal descriptions. The prognosis is also most illusory to the uninitiated. It is for such scarcely possible to admit, that a patient with little or no pain, having a full, soft and regular pulse, etc., will, nevertheless, die the same or the following day.

To a well-informed practitioner who may never have witnessed yellow fever, there is but little mystery in it not common to other fevers, so far as treatment is concerned; for this, whether right or wrong, is generally simple, being with most practitioners directed to the repression or removal of such prominent symptoms as arise during the progress of the malady. Those who look forward to eventualities,



or to symptoms which must be anticipated and prevented, and who adopt as fundamental a systematic treatment conformably to their theory of the pathology of the disease, without waiting for actualities, will accomplish their purpose best, if at all, by avoiding, as they now generally do, heroic measures; for, notwithstanding this is formidable fever, yet with rare exceptions neither antiphlogistics nor stimulants are now pushed to a formidable extent, upon the merely physical principle or false analogy that in therapy the greater force will overcome the inferior, heavy battalions, weak ones. An apothecary showed me a prescription directing an ounce and a quarter of quinine to be administered by the mouth and by enemata to a gentleman, the day before death from yellow fever; another assured me that an ounce of this drug in solution was applied to a man's skin in this disease, without having produced any appreciable effect. As to myself, I have seen what I have seen, that is, a good deal of quininism. \* \* \*

Now, if calomel be deemed, in the early stage of this disease, a good febrifuge aperient, and an alterative promoter of the secretions and excretions—if quinine, opium, and diffusible stimulants be accepted as alterative, tonic, calmative, nervine, diaphoretic, and febrifuge, small doses are preferable. For example, if quininism or saturation be deemed essential, two-grain doses will effect this end, causing the characteristic affection of the organ of hearing, without the impending dangers to vision, to the brain, etc., which sixty-grain doses occasionally produce. At least, such is my opinion.

Without having used large doses of opium in my own practice, yet from what I have seen and learned of the practice of others, it appears that this potent drug in large doses is not only tolerated, but often highly beneficial as a febrifuge, sedative and diaphoretic, etc., in not a few cases of yellow fever, particularly in the extensive practice of Dr. M. Morton Dowler, during the present and several former epidemics of New Orleans. Without his permission or knowledge, I will here say, for the information of my Raymond correspondent, that Dr. M. M. D. is now using the drug aforesaid, together with refrigerations of the surface in the hot stage, with cold vinegar, whiskey, and water.

In conclusion, may I not allude to a stumbling-block, or rather a truism now much in vogue with some writers, namely, that yellow fever and not a few other fevers and maladies are *self-limited*? True! Everything is limited except eternal duration and infinite space. Yel-

low fever is neither infinite nor eternal. It is limited, but its limits are very irregular, whether fixed by its self-determination or by the determination of another. If yellow fever be *self*-limited, and have a will of its own, it is very *selfish* in not making its limits known; for unless its phenomenal manifestations be understood contrarywise to their actual appearance, neither its symptoms nor duration are uniform, but contingent, being not only variable when left to themselves, but more or less controllable for good or evil by medical treatment. Even small-pox, measles, scarlatina, erysipelas, and several other diseases which are the most uniform in character and duration, and the least amenable to medication, are, nevertheless, in all probability often cut shorter or modified, both as it regards their tendency to be protracted or to end fatally. Suppose the natural tendency of yellow fever is to run its course, ending in death or convalescence in a week, but in certain cases being attended with unusual symptoms and complications more or less controllable by art; again, suppose that this tendency, these unfavorable conditions, prolonging the disease and giving it intensity so as to end fatally at last, should be changed, is it not reasonable to suppose that this control, if timely exercised, would often shorten or prevent this otherwise persisting and fatal tendency inherent in the original malady, or arising accidentally during its progress? To control symptoms is to control results and duration.

While on the one hand bad treatment may accelerate the progress and fatal termination of yellow fever, on the other hand good treatment may often shorten its duration, and even cure the patient. It may be well to throw a little cold water on the too ardent zeal of those who profess ability to cut up the disease root and branch, forthwith; but the alleged doctrine of the self-limitation of fevers as a reason for not attempting to control or cure them, is in itself an affected hypothesis, being withal calculated to bring despair to the practitioner, and to fill the public mind with an unwarrantable distrust in regard to the efficiency and utility of the medical profession. The physician should not accept the captivating phrases of medical skeptics, concerning *self-limitation*, as a safe theory either in medical or ethical conduct, with reference to persons and families who commit, under God, their health and lives to the hands of medical men.

This doctrine of self-limitation, which is almost synonymous with therapeutic inaction, generally is accepted neither by the surgeon nor obstetrician; these latter, not the blind diseases and self-murderous aberrations of the disordered economy, undertake themselves to do the work of limitation.

BENNET DOWLER.

**THE COLLEGE OF SPIRITS IN PARIS.**

We learn from the *New York Tribune*, that Mr. D. D. Hume, the celebrated Spiritualist, is about marrying the sister-in-law of a Russian noble, and intends establishing a spiritual college in Paris. The particulars of the humbug we extract from the *Tribune*.

"Hume will return to Paris with his wife and the dowry; and they say that, after the examples of Mesmer and Cagliostro, he is going to found at Paris a grand establishment of supernatural communications, a sort of Spiritualistic Exchange.

"To this establishment there will be joined a school of *Fluidism*, where the rich will be initiated in that great mystery—requiring a sacrifice proportioned to their wealth. This school will be divided into three classes. The first will be a sort of gymnasium, purely mechanical, where will be shown the method of disengaging the fluid by exercises at once physical and intellectual. Everybody possesses the spiritual fluid, and if some appear to be without it, it is because they do not know how to produce its disengagement. Hume said as much to us not long ago; and to make himself understood, he added the following explanation:

" 'Here is a cake of resin. This cake contains a great quantity of electricity; but this electricity does not manifest itself; it produces no phenomena; it sleeps. To awaken it, I take this catskin and strike the cake of resin, and the electricity manifests its presence in a lively manner.'

"The first class of the school of fluids will be that in which they will operate on the natures possessing latent fluid, as they operate upon the resin with the catskin; accordingly, we call this the catskin class.

"In the second class, the fluid being developed, awakened, and active, they will show how to direct it by faith and by will. It is not sufficient to have the fluid, it must also be known how to use it.

"The mode of using it is, then, what they will teach in the second class. In leaving this class, the adepts will know how to turn tables, to summon spirits, to question them, to receive answers; and, in fact, to place themselves in communication with the other world. This is the class of reception.

"But when this is known, all is not done. This is only to be in communication with the spiritual world; it remains yet to learn how to profit by these communications. They must not be regarded as

useless play; as a series of curious but unfruitful experiments. We must learn all that the spirits know more than we do; we must use them to elevate ourselves, to make us better, richer and more powerful.

“That is what will be learned in the third class.

“Well-informed persons pretend that, before returning to Paris, Hume will pass through Holstein, where he will visit, in the cave whither he has retired, the celebrated Count of Saint Germain, from whom he expects to obtain (for the spirits have promised it him) twenty-seven of the fourteen thousand seven hundred secrets which the immortal Count carries in his bosom.

“These twenty-seven secrets—the most important of the ancient Egyptian Cabala, and which are to restore to us the mysteries of Isis and Anubis—these twenty-seven secrets, together with the four that Hume already knows, are to form a total of superhuman knowledge which will make the happy initiated equal in power, beauty, longevity, health, happiness, and knowledge, with the inhabitants of the planets of the third order. The earth, it is well known, is only a poor planet of the forty-fourth order.

“The third class will be called the class of results.

“We are informed that while Mr. Hume will open his school of Fluidism for men, and will make the living talk with the dead, Madame Hume, on her side, will direct a similar school for females.

“The number of pupils can never exceed sixty on the part of the males, and sixty on the part of the females. Each class will be composed of thirty persons.

“It is pretended that a company, composed of some very wealthy Russians and some Frenchmen, is formed for the establishment of these institutions, and that they are now negotiating for the purchase of the lands of the Hotel d’Osmont, in Paris.

“When these two schools are finally opened, Paris will be really the capital of the world. The plans are already in preparation. Two temples are spoken of, of the Egyptian order, connected by a gallery, in the centre of which, beneath a circular pavilion, surmounted by a cupola, will be placed a large circular table, around which eighty-two persons of both sexes, in alternate order, can be seated. These eighty-two persons will be Mr. and Madame Hume, forty male pupils and forty female pupils. The scholars of the first class cannot assist in turning the sacred table.

“The table being set in motion, the spirits evoked, and the mysteries

prepared, the twenty men and the twenty women of the second class will retire, and it is only for the initiated of the third class that the miracles will take place, and the eyes of the mind be opened."—*N. A. Medico-Chirurg. Review.*

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## EDITOR'S TABLE.

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### THE NEW ORLEANS SCHOOL OF MEDICINE

**Its Clinical Facilities—Dawn of a Revolution in the Schools—Necessity of Reform in Medical Education—Signs of Progress.**

This new school deserves success, and will command it by the *clinical teaching* the Faculty have provided—a department in which they mean to excel, and for which they promise extraordinary facilities. Their college and hospital are in close proximity, and their *clinical lectures* are given *daily* by the bedside of the patient, as they should be.

The *college cliniques*, as they are conventionally called, are chiefly for *walking patients*, and hence named ambulatoria. These are well enough in their way, when properly conducted; but to substitute these for bed-side teaching, and call them *clinical lectures*, is a misnomer, as everybody knows, and as the students realize when they enter upon the practical duties of the profession, and meet their young brethren who have had the advantages of regular and systematic clinical training, by daily attendance upon the wards of a hospital, with competent and faithful teachers. Indeed, both the profession and the public are becoming wise enough to regard hospitals as indispensable to medical colleges, and the time is at hand when every large hospital will be a medical school, and no man will be deemed qualified for the practice of either medicine or surgery, who has not superadded to his elementary and theoretical education the practical and demonstrative experience which can be acquired nowhere else but in a hospital. A weekly visit of an hour as on Saturdays, or an hour similarly spent on any other day of the week, in hurrying through the wards of a hospital, often in a throng, when nothing can be seen or heard satisfactorily, is a wretched and deceptive farce; nor will it much longer be endured, although this is all the clinical teaching which students receive in fulfilment of the promises of college circulars, based on hospitals which are miles away from the college buildings, and for lack of time can only be reached in flying visits, "few and far between."

The Pennsylvania Medical College has already provided a college hospital adjoining their fine building, expressly for clinical teaching.

And the new Shelby College, at Nashville, Tennessee, has the City Hospital on the same premises, so that they will start right in November. There may be, and doubtless are other schools similarly provided, and all such will soon be preferred to older schools by students, unless the daily use of the hospitals becomes universal.

But it may be asked, what is to become of those medical colleges located in situations remote from large hospitals? Many of these are known to be manned by able teachers, possessed of every facility for thorough elementary teaching in all the departments, and whose only lack consists in the absence of hospitals. And yet is it not known and read of all men that very many of such colleges are almost deserted by students, or have only meagre classes year after year, while pupils are flocking towards those colleges on the Atlantic coast or elsewhere, which can hold out the greatest hospital advantages? It cannot be that they are attracted by the fame of the teachers, for many of the country schools, as they are called, number among their Faculties men of the highest literary and professional distinction in the country, who are nevertheless lecturing to mere handfuls of students. Hence it is obvious that something more than eminent men in the Faculty has become essential to the prosperity of a medical college. That *something* is singly and only the opportunities and facilities for practical and clinical teaching which large hospitals can alone supply.

But let it not be supposed that the mission of any one of these worthy schools, whose only lack is in the absence of hospitals, has terminated. So far from this being the case, in the better day coming they will be more necessary and far more prosperous than now. During the first, and even second year of pupilage, students are not prepared to profit by practical teaching, nor until they are indoctrinated into the general principles of the science, and the details of anatomy, chemistry, physiology, materia medica, surgery, and the other branches which demand didactic teaching. Then, and not till then are they qualified to learn practically what they have been taught theoretically. Hence the elementary instruction in all the branches of study can be as well given in New Haven or Atlanta, for example, as in the great cities. The first two years of study, therefore, may be advantageously pursued without hospitals; nor are clinical opportunities at all necessary or desirable for the junior students.

When the time shall come, and it is not remote, that practical and clinical training in hospitals, by qualified teachers, shall be an indispensable pre-requisite to any license to practise our profession, then diplo-



mas will become mere literary testimonials as they ought to be, but confer no authority to enter the profession. This good time will come, so soon as our State governments take the same care of the health and lives of their citizens, as the Federal government now takes of the health and lives of the sailors and soldiers of the U. S. Navy and Army.

An independent Board of Examiners stand at the entrance of the Medical Staff of both Navy and Army; nor is a diploma from any college at all regarded as evidence of qualification, until a thorough inquiry is made into the practical knowledge acquired by the candidate. When every State shall have such a Board, independent of teachers, and they alone shall be authorized to decide who shall be physicians and surgeons for the people, then will all the candidates shrink from this ordeal until they have spent a year in some hospital in receiving practical instruction, and this subsequently to their elementary education in the schools. Every school would then stand on its own merits, and so would every candidate for the honors and privileges of the profession. So mote it be.

#### MEDICAL EDUCATION.

The present month brings the recurrence of the periodical sessions of medical colleges all over our country. We append a list of all, viz:

##### NEW YORK.

1. College of Physicians and Surgeons.....*New York City.*
2. University of the City of New York ..... "
3. New York Medical College..... "
4. Albany Medical College.....*Albany.*
5. University of Buffalo.....*Buffalo.*
6. Geneva Medical College .....*Geneva.*

##### PENNSYLVANIA.

7. University of Pennsylvania... ..*Philadelphia.*
8. Jefferson Medical College..... "
9. Pennsylvania Medical College ..... "
10. Philadelphia College of Medicine..... "

##### OHIO.

11. Medical College of Ohio ..... *Cincinnati.*
12. Starling Medical College..... *Columbus.*
13. Cleveland Medical College ..... *Cleveland.*

TENNESSEE.

14. University of Nashville ..... *Nashville.*
15. Shelby Medical College ..... "
16. Memphis Medical College ..... *Memphis.*

GEORGIA.

17. Medical College of Georgia ..... *Augusta.*
18. Savannah Medical College ..... *Savannah.*
19. Oglethorpe Medical College ..... "
20. Atlanta Medical College ..... *Atlanta.*

SOUTH CAROLINA.

21. Medical College of South Carolina ..... *Charleston.*

VIRGINIA.

22. Medical College of Virginia ..... *Richmond.*
23. University of Virginia ..... *Charlottesville.*

MARYLAND.

24. University of Maryland ..... *Baltimore.*

KENTUCKY.

25. University of Louisville ..... *Louisville.*
26. Kentucky School of Medicine ..... "

MISSOURI.

27. University of St. Louis ..... *St. Louis.*
28. St. Louis Medical College ..... "

ILLINOIS.

29. Rush Medical College ..... *Chicago.*

MICHIGAN.

30. University of Michigan ..... *Ann Arbor.*

IOWA.

31. University of Iowa ..... *Keokuk.*

LOUISIANA.

32. University of Louisiana ..... *New Orleans.*
33. New Orleans School of Medicine ..... "

MASSACHUSETTS.

34. Massachusetts Medical College ..... *Boston.*
35. Berkshire Medical College ..... *Pittsfield.*

CONNECTICUT.

36. Yale Medical College ..... *New Haven.*

NEW HAMPSHIRE.

37. Dartmouth Medical College ..... *Hanover.*

MAINE.

38. Bowdoin Medical College ..... *Berwick.*

## VERMONT.

39. Castleton Medical College . . . . . *Castleton.*  
 40. University of Vermont . . . . . *Burlington.*  
 41. Woodstock Medical College . . . . . *Woodstock.*

If any omissions or errors are discovered in the list, correction will be made in our next number.

These 41 medical colleges vary in their annual list of matriculants and graduates, from 500 to 20 of the former, and from 250 to 6 of the latter. The fees in the majority are \$105 for a full course of lectures, but the terms vary in a number of schools down to \$50, and even less; while the Universities of Michigan and Iowa require no fees for lectures. All the schools, however, exact fees for matriculation, dissection, and graduation, and on these many of them subsist when the classes are small and the paying students fewer still.

### HIGHLY INSTRUCTIVE AND SIGNIFICANT FACTS.

Read the following official statements of the result of the examinations, by the independent Boards of the *Army and Navy*, of the candidates for appointment as surgeons. TWENTY out of twenty-seven applicants were REJECTED by the Army Board; and TWENTY-FIVE out of the same number REJECTED by the Navy Board. Only *seven* of the former and two of the latter were found qualified!

Be it remembered that all the FORTY-FIVE candidates who failed at their examinations, were fresh from the *chartered medical colleges*, had passed the examinations of their professors, and were each armed with the diploma of M.D., and fully licensed to practice as physicians and surgeons "*in toto mundo*," throughout the world.

But the soldiers, sailors, and officers of our Army and Navy, thanks to their independent Boards of Examiners, are protected from being subjected to the treatment of unqualified men, however many diplomas they may have "bought," at what Professors Gross and Bowling call the "Tic-tac-tub-mills" of city or country.

### ATLANTA MEDICAL COLLEGE.

The Faculty of this young and prosperous school having been censured for selecting the summer months for their regular term, and their motives having been impeached as unworthy by rival teachers, have now resolved upon a course which must disarm their enemies, and is certainly highly creditable.

They announce, in addition to their *regular* term of lectures from May to September, as heretofore, that a *preparatory or Winter course*, from November until March, will be superadded, and this without any additional fees to the students who attend the ensuing regular course. Eight months instead of four in each year, are henceforth to be devoted to medical teaching, without any increase of expense. This Winter course, however, will not be recognized as a regular course, nor will it be required for graduation. Those who choose to attend the Winter course only, will pay \$50 for the privilege; but should they afterwards elect to attend the regular Summer course, this amount will be deducted from their fees.

This new arrangement will doubtless silence the fault finding of which they have had cause to complain, and will tend greatly to enhance the reputation and prosperity of the school. We like the *vim* which has prompted this movement, and heartily wish the Faculty success.

#### DISCOVERY OF ETHERIZATION.

The expose made in our last number of the parties concerned in the mercenary speculation recently set on foot in this city, by Morton & Co., of Boston, to beg money from our wealthy citizens and the almoners of our public charities, under false pretenses, seems to have "scotched the snake," if not killed him. The friends of the late Dr. Horace Wells, of Hartford, have indignantly resented this new outbreak of the Morton clique, and our table is loaded with cumulative evidence, proving beyond all contradiction that Dr. Wells' discovery of the anæsthetic uses of ether was made in 1844! and revealed to Morton, then his pupil and colleague in dentistry, but who now seeks to rob the family of his deceased teacher and friend, by knavishly perverting the fame and emoluments which belong to them, by falsely claiming the discovery for himself.

We, however, attach less censure to him than to those members of our profession who have loaned their names to bolster up this imposture. Many have done it ignorantly, more under the influences brought to bear upon them by interested parties, while others are understood to share in the profits of the speculation. We know who might have had several hundred dollars as a bonus for writing a vindication of Morton's scheme, for a forth-coming book, had not the men who approached him found that they had "waked up the wrong passenger." The book is in preparation, and we know the man who is at it, for

the *quid pro quo* of that 600 dollars! which has been a standing offer in the street for weeks past. The new Cyclopædia has a hireling article, it is said, bolstering up Morton and ignoring Wells. We hope the article on *Anæsthesia* is not a specimen of the truthfulness of that compilation, and this for the sake of its publishers. But neither these artful dodges, nor any other devices of Morton & Co., shall deter us from sustaining the truth; and should Morton again venture to place himself before the public, by appealing to Congress or elsewhere, for the public money, we shall no longer withhold the evidence in our possession, which will overwhelm him and his *patent*, and especially his medical sympathizers in New York, with same and confusion of face. For the present we forbear.

#### MEDICAL QUARRELING.

In no profession so much as ours is there need of a moderator or peacemaker, so great is the proclivity to abuse one another when "doctors differ;" and who ever expects them to "agree?" In a late controversy into which we were precipitated during the last year with our Philadelphia brethren, and in which the New Yorkers burned their fingers by intermeddling, we may say without offence, now that it is over, that we have shown by our patience under provocation that it is always "better to *suffer* wrong than to *do* wrong."

We venture to commend this maxim to our Nashville confrere, in the controversy he has recently commenced with the Philadelphia editor of the *N. A. Medico-Chirurg. Review*; especially now that he has been assailed by an anonymous writer in the *Atlanta Med. and Surg. Journal*, in a style of vituperation hitherto unheard of in medical journalism. The latter journal has very happily disclaimed its authorship on behalf of the Atlanta College or Journal, but it would have done better to have *rejected* it altogether. We confess to sorrow and humiliation for the medical press, if such a writer be not put under the ban of execration. Our Atlanta brethren will "*regret*" it, or we are mistaken in our prognosis.

#### Burning of the Quarantine Hospitals on Staten Island.

This deed of darkness, so long threatened by popular indignation, was consummated by the neighbors, whose fears of the Yellow Fever and other pestilential disease from that source overcame all other considerations, on the nights of the 1st and 2d of September. This

a ct of Vandalism admits of no defence, although at the time selected, strangely enough, there were fewer patients of any kind in the establishment than ever before, and fewer still who were suffering from either fever or small pox; although quite the contrary might be inferred from the mendacious stories given to the public for effect by politicians and other interested parties. We personally visited and inspected the ruins, while the smoke and fire were yet visible, and found less than thirty on the sick list, and none of them in any danger of dying, if they were left in the barn or tents as we found them, where they were better off than they would have been in the hospital wards. We saw no signs of suffering, and must say that much that we had read and heard was heartless exaggeration. As to any dangers of infection in any part of the premises, this is all Quarantine humbug, and cannot much longer impose upon public credulity.

The appointment of a medical commission to report on the whole subject of Quarantine, as at present conducted, is the first duty of the Legislature, and their report should precede the insane projects of blockheads, in or out of office, to re-establish this public nuisance under existing regulations, which are a reproach to the intelligence and sanitary science of the present century. To erect temporary buildings, to provide for the brief remnant of the present quarantine season, is all that can be justified or ought to be tolerated; for we repeat that epidemic Yellow Fever in this latitude, with any temperatures of this season, is a physical impossibility, as is well understood, not only by all the doctors, but by the authorities, the police, and the military, all of whom are making the premises a junketing ground. Neither the Health Officer, Mayor Timanus, nor any of the officaries would spend an hour in the neighborhood, if they did not know that there was nothing to fear from contagion of any kind; and that they could as easily catch a broken leg as the Yellow Fever, by visiting the Quarantine.

The dangers against which the people of Staten Island have resolved to protect themselves, are in the *surroundings* of Quarantine, by the proximity of infected vessels and their refuse, the burning of infected beds, &c., in that iron scow, &c., and not the Health Office and Marine Hospital, which would be innocuous. But the whole system of our present Quarantine is a stupendous fraud upon our ship-owners, merchants, and seamen, upon officers, crews, and passengers, who are plundered by wholesale through that scare-crow of barbarism, the mercenary theory of contagion.



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**MEUM ET TUUM.**

The difference between our neighbors of the "Peninsular & Independent" and the "Chicago Medical Journal," in their "feelings," and upon which the former so pitches into the latter, is readily explained by the old fable of the "bull goring the ox," and is exactly that between "skinning and being skinned." Had Dr. Palmer, by order of the American Medical Association, spent months of patient and diligent toil in experimenting for the elaboration and elucidation of a report on an important subject, with which he was specially charged; and had he then attended the late meeting at Washington, with his report, and been deprived of presenting even the usual abstract, the meeting refusing to hear him when he only asked 5 minutes, referring his report, *without reading*, to the Committee of Publication, we doubt whether *he* would not have made louder complaints than has Dr. Davis. But it makes all the difference in the world, when we only imagine ourselves to be in the place of our neighbor, an exercise which would moderate our censoriousness, and make us forbearing and kind instead of indulging harsh judgment

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**FREE MEDICAL EDUCATION.**

The Iowa State University have decreed the entire abolition of all fees in the medical department, except the following, viz:

\$10 for Matriculation.

5 for Dissecting Ticket.

2 for expense of any contingent damages.

30 for Diploma.

At the late session there were 75 matriculants and 20 graduates, who, if they all paid, yielded the sum of \$1,675, an amount greater than the aggregate receipts of many of the medical colleges of the country, after the deduction of their expenses; and this though their usual fees are exacted from all students who are able to pay!

In the Iowa, as in the Michigan school, the professors are presumed to be paid for lecturing out of the State treasury. Their college and hospital buildings are also provided by the State, it being designed to carry out the system of free education, under an able faculty.

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**BRONZED SKIN AND SUPRA-RENAL CAPSULES.**

Dr. Harley's paper in the *B. and F. Med. and Surgical Review*, for April, thus disposes of the nonsense of certain theorists at home

and abroad; fully corroborating our own views published at the time of Dr. Addison's paper. His conclusions are:

"Firstly, That bronzed skin may exist without the supra-renal capsules being diseased. Secondly, That complete degeneration or total absence of the supra-renal capsules may occur without any bronzing of the skin. Thirdly, That bronzed skin may be associated with a variety of different morbid conditions of the system, among which a prominent one is disease of the supra-renal capsules. Fourthly, That bronzed skin may be present without any derangement of the other functions of the body being observed. The treatment of the affection must consequently be varied accordingly.

"Upon the anatomical and physiological grounds previously stated, I look upon the symptoms of *anaemia*, languor, debility, feebleness of the heart's action, and irritability of the stomach, not as the result of the suppression of the function of the supra-renal capsules, but rather as being occasioned either by a diseased state of the solar plexus, *per se*, or by an irritation of the ganglionic system of nerves, caused by the close proximity and intimate connection of diseased supra-renal capsules.

"The investigation is still far from being completed, and as I am not wedded to any hypothesis, if new facts are discovered which show the subject in a different light, I shall not hesitate to mould my views accordingly."

#### ANOTHER NEW MEDICAL JOURNAL

The Nashville Medical Recorder, is the title of the new Journal which is to take the place of the Memphis Medical Recorder, and the Southern Journal of the Medical and Physical Sciences, both of which are to be discontinued, or rather amalgamated; the editors, Professors Wright and Curry, now of the Shelby Medical College, are to conduct the new periodical.

#### STILL ANOTHER!

The Medical and Surgical Reporter, late of Burlington, N. J., and now of Philadelphia, is to be changed from a *monthly* to a *weekly* hereafter, and will be conducted by the same editors, Drs. Butler and Atkinson, to whose new project we heartily wish success.

#### ANOTHER STILL!

The North American Medical Reporter, is the title of another projected journal in New York, which is in the press. But as it is said to be *Erlectic* in its source, it will be "nothing to nobody," but only a trap to catch advertisements from the "*green uns*." Vive la bagatelle!

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**PROFESSOR WHITE, OF BUFFALO,**

reports, in a late number of the *American Journal*, the successful reduction of an inverted uterus after six months had elapsed, full details of the case being given, together with illustrative drawings. By the last number of the *Buffalo Medical Journal* we learn that the same eminent obstetrician, has since then succeeded in reduction in another case, in which the inversion had existed for fifteen years! Chloroform was used in both cases, and the reduction effected by continuous manipulation, the last case requiring 40 minutes.

In a late case, reported by Dr. Tyler Smith, of London, eight days were successively occupied in repeated manipulations, with and without instruments, before re-inversion was completed, and in this case 12 years had elapsed. The two cases seem to have been reported nearly simultaneously, Dr. White having the priority of only one week, although our countryman has the advantage over Dr. Smith in the short time occupied in the operation, and the longer date of the inversion.

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**MEDICAL COLLEGE OF VIRGINIA.**

Dr. James B. McCaw, of the *Virginia Medical Journal*, has been appointed to the chair of Chemistry in the Medical College of Virginia, for which his scholastic and scientific attainments eminently fit him. We congratulate our respected confrere on his preferment, and the college on the acquisition to their able Faculty.

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**ALBANY MEDICAL COLLEGE.**

The graduates of this school for 1857 numbered 48, instead of 24, as reported in our last by mistake.

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*Prof. Barker's Paper* before the N. Y. State Medical Society, on the comparative use of the ergot and forceps in labor, has been issued in pamphlet form. Appreciating its merits as we do, yet we think the effects ascribed to ergot in producing asphyxia are greatly overrated, as after extensive use of the article we have never witnessed them. The cases to which it is adapted, the time for its exhibition, and the doses in which it is given, need discrimination. Like all potent drugs, it is only harmless when judiciously used. Nor can we fully concede the harmlessness of the forceps in any hands, albeit we fear they are too often employed by many in cases where non-interference would be safer both for the doctor and his patient. In Prof. Barker's hands neither agency would be likely to do harm.

---

EXPLANATION.

Our worthy confrere, Dr D. J. Cain, of Charleston, has promptly responded to our late inquiry, in relation to the use of his name by the proprietor of the "Colleton Bitters," a popular nostrum in the South. His explanation is everything that could be desired, and proves that no use of his name in this disreputable connection was ever permitted or intended by him, as all parties have been notified; and he has taken measures effectually to prevent any repetition of the offence, so that hereafter it cannot be repeated without incurring the penalties of the law. Our notice of the subject was designed to elicit the facts, which we were sure would redound to Dr. C's honor. We wish that others of the brethren whose names are perennially published in connection with quack nostrums could show as clean hands.

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## DR. JOHN G. F. HOLSTON.

as we learn by the circular of the National Medical College, at Washington, D. C., has been appointed to the Chair of Surgery in that institution in place of Dr May, who has gone to Shelby, at Nashville. We congratulate our old friend and correspondent on his having reached so important and honorable a position in a school so reputable as the National Medical College has ever been. A little more vim, enterprise, and liberality being infused into that Faculty, would give that school the success to which its most eligible location and its prestige entitles it.

---

*Prof. Putcher* writes an able vindication of true clinical teaching, being superadded to the curriculum of all medical colleges, and making diligent attendance thereon an indispensable prerequisite to graduation. His letter appears in the *Petinsular Journal*, and is intended to favor the removal of the medical department of the Michigan University from Ann Arbor to Detroit, where a hospital is accessible for clinical purposes.

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*The Half-Yearly Abstract* of the Medical Sciences, by Drs Ranking & Radcliffe, is still republished by Lindsay & Blackiston, of Philadelphia, and increases in interest and value. The July number is behind none of its predecessors in the variety and utility of its contents. It is still supplied, free of postage, at \$2 per annum, and deserves its extensive patronage.

## COLLEGE ADVERTISEMENTS.

Some of our medical colleges, including some of the more prominent and prosperous, are trying the experiment of withholding their announcements from the advertising columns of the medical journals, and depending on their circulars, of which they print and circulate thousands, scattering them broadcast through the mails, with postage paid. We learn that this economical course is taken by concert, thus proscribing all the medical journals, or all except one or two, whose patronage they cannot afford to lose.

We allude to this topic impersonally, for we have as many college advertisements as we can find room for, until the prospective enlargement of the *GAZETTE* is consummated. Moreover, wiser counsels prevail in the Faculties of some of the best colleges in the country, and they find it to their interest not to ignore the Journals, upon which they are dependent the year round for announcements, other than those in their circulars. We shall, after a while, learn to do without the medical colleges in journalism, when they combine to do without us. Reciprocity of favors should be the rule, where there are mutual obligations. *Verbum sat.*

## SENATOR SUMNER'S CASE.

The public press has been much perplexed in explaining the medical treatment to which the Parisian doctors, including Dr. Brown-Séquard, have subjected Mr. Sumner, who is still an invalid from the effects of the blow inflicted by Mr. Brooks.

The actual cautery, or rather the moxa, has been repeatedly applied to the nape of the neck and along the cervical vertebrae, this ancient mode of making issues having become fashionable of late in the Parisian hospitals, and imitated as usual by the British surgeons. This practice was common in this country a few years ago, until American experience demonstrated that an issue could be better made by the *lapis infernalis*, or the nitric acid; and that the revolting use of the "iron at a white heat," or the "burning of a cone of cotton saturated with camphor," were seldom to be preferred to the former; when in chronic disease, or, as in this case, when *mollities cerebri* or paralysis were threatened, after contusions or concussions by violence. Hence the French return to the use of fire for making issues is only a revival of the old practice, and has no advantages over the perpetual blister, or the other less startling modes of counter-irritation, when a drain or or suppurative discharge is indicated. The inference, therefore, that

## MEDICAL GAZETTE.

there is anything novel in the Parisian treatment of Mr Sumner is wholly unfounded. The pathological nature of his case, and the rational remedies from which recovery could be looked for with the greatest hope, were as well understood by his American physicians as by their transatlantic brethren. The result is still in doubt, and must be left to time.

We have long since satisfied ourselves that, in chronic diseases and injuries of the spinal column, there is more benefit derived from issues than from any other medication. Our own method is to apply a cylinder of *potassa pura*, by gentle friction to the skin over the disease or injury, to the extent of the slough desired, which will require only two or three minutes. The agent is then neutralized by washing the part with vinegar. A warm poultice is next applied, and renewed for a few days, until the slough separates, when a dressing of Savin Ointment will protract the discharge indefinitely. It is thus we treat hip-joint disease and other analagous affections, and find no occasion for chloroform or the hot iron.

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**RECEIPTS to 1858, for Subscription to Gazette.**

Drs. C. F. Horton, Farlin, Suckley, Cullen, Whittelséy, Vanvliet, Bain, Cole, Wales, Sands.

**Delinquents are reminded that two more numbers complete this volume, for which they have paid nothing.**

**AMERICAN MEDICAL GAZETTE ADVERTISER.**

**SHELBY MEDICAL COLLEGE,  
NASHVILLE, TENNESSEE.**

**SESSION OF 1858-9.**

**T**he First Regular Course of Lectures in this Institution will commence on Monday, the first of November, 1858, and will continue to the 1st of March ensuing.  
The Preliminary Course of Lectures, free to all students, will be given during the month of October.

**FACULTY**

THOMAS L. MADDY, M.D., Professor of Anatomy, (Descriptive, Histological and Surgical.)

JOHN FRIEDRICH MAY, M.D., Professor of Principles and Operations of Surgery.

DANIEL F. WRIGHT, M.D., Professor of Physiology and Pathology.

JOHN H. CALKINS, M.D., Professor of Materia Medica and Therapeutics.

RICHARD O. CARRIS, M.D., Professor of Medical Chemistry and Medical Jurisprudence.

E. B. HASKINS, M.D., Professor of Theory and Practice of Medicine.

JOHN P. FORD, M.D., Professor of Obstetrics and Diseases of Women and Children.

H. M. COMPTON, M.D., Demonstrator of Anatomy.

The City Hospital is upon the premises of the College and under control of the Faculty at which operations are performed and cases prescribed for in the presence of the class, and Clinical Lectures given.

Amount of Fees for Lectures \$105, Matriculation Fee, paid once \$5, Demonstrator's Fee, required but once \$10, Graduation Fee \$25.

Excellent Boarding can be obtained for \$2.50 to \$4 per week.

For further details or announcements, apply to

**JOHN P. FORD, M.D., Dean of the Faculty.**

**NEW YORK MEDICAL COLLEGE.**

The Annual Course of Lectures will commence on Tuesday, October 29th, 1858, and close in the first week in March, 1859. The preliminary course will continue from September 20th, till the regular course begins.

HORACE GREEN, M.D., LL.D., President of the Faculty and Emeritus Professor of Theory and Practice of Medicine and Professor of Diseases of the Respiratory Organs. No. 12 Clinton Place.

EDWIN HAMILTON DAVIS, M.D., Professor of Materia Medica and Therapeutics. No. 324 Fourth Avenue.

B. FORDYCE BARBER, M.D., Professor of Obstetrics and the Diseases of Women and Children. No. 70 Union Place.

R. OGDEN DOREMUS, M.D., Professor of Chem-

istry and Medical Jurisprudence. No. 70 Union Place.

J. M. CARROTTAS, M.D., Professor of the Principles and Operations of Surgery, with Surgical Pathology. No. 45 Lafayette Place.

EDWARD R. PEARSON, M.D., Professor of Physiology and General Pathology. No. 36 Clinton Place.

HENRY A. COX, M.D., Professor of Theory and Practice of Medicine, and of Clinical Medicine. No. 524 Houston Street.

TIMOTHY CHURCH, M.D., Professor of General, Descriptive, and Microscopic Anatomy.

**FEES**—For the regular Course, \$105, Matriculation, \$5, Dissecting Ticket, \$5, Graduation \$30.

There are four weekly Cliniques at the College. Admittance to the Hospitals free.

For particulars in regard to Boarding Houses, &c., apply to the Janitor, Mr. Paterson, at the College, No. 90 East Thirteenth Street.

**R. O. DOREMUS, Dean.**

New York, August, 1858.

# PENNSYLVANIA COLLEGE.

Medical Department.—Session of 1858-9.

## FACULTY.

DAVID GILBERT M.D. Professor of Obstetrics and Diseases of Women and Children  
 ALFRED SMITH M.D. Professor of the Theory and Practice of Medicine  
 JOHN KYLE M.D. Professor of Principles and Practice of Surgery  
 JOHN J. REINA Professor of Medical Chemistry

JOHN B. BIRNEY M.D., Professor Therapeutics and Materia Medica  
 FRANCIS G. SMITH M.D. Professor Institutes of Medicine  
 J. H. B. McTELLAN M.D., Professor Special and General Anatomy  
 J. FRANK BIRD, M.D. Demonstrator of Anatomy.

The session of 1858-9 will commence on Monday 11th of October and continue, without interruption, into the 1st of March. The examination of candidates for the Degree of Doctor of Medicine will be held at the close of the session. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the first of July, the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Study will be open early in September.  
 Clinical instruction at the College Hospital, adjoining the College will be given on every Wednesday, and on every Thursday, morning.

The Registrar of Matriculants will be open in the College Building early in September. The Janitor will always be present, and will give every necessary assistance and information (as regards board, etc.) to students entering the city.

|                                      |         |
|--------------------------------------|---------|
| FEEs.—Matriculation (paid once only) | \$ 5 00 |
| For each Professor's ticket          | 15 00   |
| Graduation                           | 30 00   |

FRANCIS G. SMITH, M.D., Registrar.

No. 1204 Without above 15th Street.

July 1858

# NEW ORLEANS SCHOOL OF MEDICINE,

Situated on Common Street, opposite Charity Hospital

The Regular Course of Lectures in this Institution will commence on MONDAY, the 15th of NOVEMBER 1858 and continue twenty weeks.

## FACULTY.

ERASMUS F. FENNER M.D., Professor of Theory and Practice of Medicine  
 ANTHONY A. PENNISON M.D., Professor of Physiology  
 A. STEINBLAT M.D. Prof. of Clin. Med. and Auscultation and Percussion  
 THOMAS PENNISON M.D. Emeritus Prof. Clin. Med. and Auscultation and Percussion  
 SAMUEL A. PENN M.D. Professor of Surgery

ISAAC I. CRAWFORD M.D. Professor of Chemistry and Medical Jurisprudence  
 HOWARD SMITH M.D. Professor of Materia Medica and Therapeutics  
 J. M. W. LUTHERS M.D., Professor of Diseases of Women and Children  
 D. WARREN BIRNEY M.D. Prof. of Obstetrics  
 CORNELIUS BEARD M.D. Prof. of Anatomy  
 J. F. CHASE, M.D. Demonstrator of Anatomy.

The Dissecting Rooms will be opened on the 15th of October. (Incalmation) will be given daily in the wards of the Charity Hospital, and three times a week at the College Dispensary, where a patient's history will be continued a week.

The Dissection is situated within thirty steps of the Charity Hospital, an advantage not possessed by any other in the country.

The Faculty of this Institution are amongst the fully elected Visiting Physicians and Surgeons of the Charity Hospital, and according to the Act of the State Legislature, shall at all times have free access to the Hospital for the purpose of affording to their pupils practical illustration of their theoretical teaching.

The Board of Administrators elect annually, in April, two Vice President Students, who are furnished with keys to the Hospital, and the Students of this School are equally eligible to the same offices.

The great advantage of this Institution is not only to thoroughly indoctrinate a student of Medicine in the theory of the various branches of Medicine by abstract lectures, but by dealing handsomely at the bedside of the sick man, to enable him to put into practice what he has learned, and to recognize and treat the disease that is present, as it is in the Hospital, and at our very own bedside opportunities, in all our cases, to see the disease in its actual development, and to see the patient and write the Medical History, will give him an advantage which he will never again.

Dissection, practical instruction in New Orleans, and Practical Anatomy will be thoroughly taught in the dissection rooms, well lighted, and well lighted Dissection Rooms for the use of Students, a large and well arranged Dissection Room is fitted up for the especial use of practitioners who matriculate in this Institution.

The Professors will take pleasure in aiding the Students to procure cheap and comfortable board in the city.

Amount of fees for the full Course of Lectures, \$108, Matriculation fee, (paid but once,) \$5, Dissection fee \$10 Graduation fee \$25.

For any further information address,

E. D. FENNER, M.D., Dean of the Faculty,

NEW ORLEANS, June, 1858.

No. 5 Carondelet Street.

### ALBANY MEDICAL COLLEGE.

**Two full Courses of Lectures are delivered annually.** The Fall Course commences on the first Tuesday in September and the Spring Course on the third Tuesday in February. Each Course continuing sixteen weeks. Degrees are conferred at the close of each term.

ALDEN MARSH, M. D., Professor of Surgery  
JAMES MCNATGHTON, M. D., Prof. of the Theory  
and Practice of Medicine  
JAMES H. ARMSTRONG, M. D., Professor of Anatomy  
THOMAS HUN, M. D., Prof. of the Institutes of  
Medicine

AMOS DRAY, Esq. Prof. of Med. Jurisprudence.  
HOWARD TOWNSEND, M. D., Prof. of Materia  
Medica  
CHARLES H. PORTER, M. D., Prof. of Chemistry  
and Pharmacy  
J. V. P. QUACKENBUSH, M. D., Prof. of Obstetrics.

Fees for a single course, \$30, for two courses paid in advance, \$100. Matriculation fee, \$5. Graduation fee, \$20.

Material for dissection abundant, and furnished to students on the same terms as in New York and Philadelphia. Hospital tickets free. Opportunities for Clinical instruction are believed to be equal to those afforded by any College in the country. Price of Board from \$2.50 to \$3.50 per week.

**JOHN V. P. QUACKENBUSH, Registrar.**

### UNIVERSITY OF NASHVILLE.

**Medical Department.**—Session 1857-58. —The Seventh Annual Course of Lectures in this Institution will commence on Monday, the 2d of November next, and continue till the first of the ensuing March.

THOMAS R. JENNINGS, M. D., Professor of Anatomy  
J. BEAUCHAMP LINDSEY, M. D., Chemistry and  
Pharmacy  
C. K. WINTON, M. D., Materia Medica and  
Medical Jurisprudence  
A. H. BUCHANAN, M. D., Surgical Anatomy  
and Physiology

JOHN M. WATSON, M. D., Obstetrics and the  
Diseases of Women and Children  
PAUL F. EVE, M. D., Prof. of Prin. and Prac. of  
Surgery  
W. K. BOWLING, M. D., Institutes and Practice  
of Medicine  
WILLIAM T. BRIGGS, M. D., Adjunct Professor  
and Demonstrator of Anatomy

The Anatomical rooms will be opened for students on the first Monday of October, (the 5th.)

A Preliminary Course of Lectures, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

The Tennessee State Hospital, under the direction of the Faculty, is open to the Class free of charge.

A Clinic has been established, in connection with the University, at which operations are performed and cases prescribed for and lectured upon in the presence of the class.

Amount of Fees for Lectures is \$100, Matriculation Fee, (paid once only,) \$5, Practical Anatomy, \$10, Graduation fee \$25.

Good boarding can be procured for \$3 to \$4 per week. For further information or Catalogue, apply to

**PAUL F. EVE, M. D.,**

NASHVILLE, TENN. July 16, 1857.

*Dean of the Faculty.*

### CASTLETON MEDICAL COLLEGE.

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CASTLETON, Vt., June, 1856.

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ATLANTA, Geo. Feb. 8, 1888.

## Contributions to Operative Surgery & Surgical Pathology,

**By J. M. CARNOCHAN,**

Professor of Surgery in the New York Medical College. Surgeon in chief to the State Hospital, &c.

This work will be published in a series of Numbers, to be issued quarterly. Each Number, of quarto size, will contain from Forty to Sixty Pages of Letter press, printed on the best paper, with Illustrations of the Cases drawn from nature; will be complete in the topics it embraces; and will be published in the following order:

### No. 1.

Case of Amputation of the Entire Lower Jaw. Remarks on Amputation of the Lower Jaw. Elephantiasis Arabum successfully treated by Ligature of the Femoral Artery, with cases.

### No. 2.

Case of Exsection of the Entire Ulna. Remarks on Neuralgia, with Three Cases successfully treated by Exsection of the Second Branch of the Fifth Pair of Nerves, beyond the Ganglion of Meckel.

### No. 3.

Case of Restoration of the Entire Upper Lip. Remarks on the Pathology of Congenital Dislocations of the Hip Joint, with Illustrations.

### No. 4.

Case of Exsection of the Entire Radius. Case of Exsection of the Three Lower Fourths of the same Bone. Remarks on Osteo-aneurism, with a Case.

### No. 5.

Case of Amputation at the Shoulder Joint for the Removal of a large Osteo-fibro-Cancerous Tumor of the Humerus, with Remarks on Amputation at this Joint. Case of Penetrating Gun shot Wound of the Heart.

### No. 6.

Case of Double Congenital Dislocation of the Hip Joint. Remarks on Double Capital Operations, with Cases. Remarks on the Comparative Merits of the Partial Amputations of the Foot. Remarks on Amputation through the Ankle Joint.

### No. 7.

Successful removal of a large Fibro cartilaginous Tumor, growing from the Sixth and Seventh Ribs, over the Region of the Heart. Remarks on the Treatment of Varicose Veins of the Lower Extremities, with Cases. Remarks on the

Creation of an Artificial Joint upon the Lower Jaw, in case of complete Anchylosis at the Temporo-maxillary Articulation of One Side.

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Remarks on the Operation of Double Complicated Hare Lip, with Cases. Remarks on the Etiology of Congenital Dislocations of the Hip Joint. Remarks on the Removal of the First Dressings after Capital Amputations.

#### No. 9.

Case of Encysted Sanguineous Tumor of the Neck successfully removed, with Remarks on such Formations. Remarks on the Purulent Ophthalmia of large and crowded institutions. Case of Vesico vaginal Fistula and Stricture of the Vagina, with Formation of Two Large Urinary Calculi in the Vagina, behind the Structure—Spontaneous Cure of the Fistula.

#### No. 10.

Two Cases of Amputation at the Hip Joint. Remarks on the Anatomy of Femoral Hernia. Case of Epilepsy treated by Tracheotomy, and wearing of a Tracheal Tube, with Remarks. Remarks on the Restoration of the Entire Lower Lip with Cases. Cases of Amaurosis treated with the Pomade de Gondrot on the Sinciput.

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### REFERENCES.

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MARK STEPHENSON, M.D.

New York, Sept. 1st, 1858.

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February, 1858.

# AMERICAN MEDICAL GAZETTE.

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NOVEMBER, 1858.

No. 11.

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## ORIGINAL DEPARTMENT.

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**A Glance at the Hospitals of Berlin and Vienna—Treatment of Fractures by Envelopment in Plaster of Paris—General Remarks.**

By GEO. STURLEY, M.D.

During a hasty visit at the capitals of Prussia and Austria, a few months ago, I observed some facts in connection with their hospitals, which may perhaps be of interest to the readers of your Journal.

These observations, although made while I was rapidly moving from place to place, seem of sufficient interest to excuse me for attempting to communicate what could be so much more fully given by those whose longer sojourn at the cities named, render them much better prepared than myself, but who, from one cause or another, "hide their lights under a bushel," and remain silent.

The Charity Hospital of Berlin is a very large, well-organized institution, under the direct patronage and care of the Government. Its *Winter* wards are generally about half the size of the principal surgical wards in the main building of the N. Y. Hospital, but those for *Summer* (in a fine building specially reserved for use during the warm season) are quite large and airy. In the *Winter* buildings there is an attempt at artificial ventilation of the apartments, which, although of evident benefit, is scarcely equal to the system at the Beaujon Hospital, in Paris, and in my opinion far inferior to the thorough methods in use in the first class hospitals and other public institutions of our own country. The hospital also, as a whole, seems

to me to be far superior to the average of those under the Paris administration. Like those of the latter, everything is systematized, but there appears to be more of *comfort* in the arrangements—a something in the general order of things, which seems to convey the impression that the institution is for the taking care of sick *human beings*, rather than of sick *machines*.

At meal times, a portion of every article cooked is placed upon a table, in the public kitchen, upon which also stands a sample of each kind of wine, or extra article of luxury, intended for the sick. It is the duty of an inspector to taste some of each before the provisions are distributed to the different wards. When visitors are present, they are politely asked by the inspector to partake of some of the articles; which request, in my own case, was complied with. I found all the meats, &c., as well cooked and seasoned as if for a private family, and the wines, beer and spirits of a fair quality.

The wards for the sick contain usually 13 beds each, which are not covered up by the close, unhealthy, heavy curtains, so constant in the Parisian hospitals, but *open*, as in our own.

Although I visited the whole of the institution, I spent the most time in the surgical wards, especially in those attached to the service of that estimable old surgeon, Füngken. The practice here I found very much resembles that in the first class American institutions. The surgeons of Berlin are not weighed down by the incubus of conceit and egotism, which so hampers the practice of the Parisians. They seem to draw good from all sources, and to be readers and students of the practice of *all countries*, keeping up with the progress of the age; trying all new discoveries which seem reasonable, and rejecting those found worthless. In Füngken's service I saw Chassaig-nac's "drainage tubes" in common use. The employment of small bathing tubs for soaking inflamed arms and legs, and the use of oiled silk for protecting beds, covering dressings, splints, &c., put me much in mind of our own practice.

I had previously heard of the *Berlin method of treating fractures by encasing the limb in Plaster of Paris*, and was particularly fortunate in being present at the time a recent fracture of the leg was thus treated. The method is said to have been introduced at Berlin about 40 years ago, having been brought from the Cossacks, Caucasians, or Tartars, (I have forgotten which.) It gives great satisfaction to the Prussian surgeons, and seems well adapted to the treatment of fractures, under peculiar circumstances, such as when the patient resides

at a long distance from the surgeon, or when, from restlessness, delirium tremens, or some other cause, bandages and ordinary splints cannot be kept properly adjusted. The process, as I saw it applied, was as follows: The limb was first bandaged with many-tailed bandages of flannel, which had been previously spread with simple cerate or lard; then enveloped with another bandage, covered with dry powdered gypsum, and neatly applied. The patient, a hearty laboring man, having been thoroughly relaxed by chloroform, was then subjected to strong manual extension and counter-extension, until the fragments of the injured limb were brought in their proper relations. The limb was then placed in a trough resembling a fracture box, the sides of which, being on hinges, could be let down at will; and the extension having been still maintained by an assistant, a sufficient quantity of plaster of paris, *mixed cold as if for taking casts*, and of about the consistence of thin "mush," was then poured in the box, enveloping the leg, ankle, and instep. In a few minutes this became sufficiently hard to allow the extension to be dispensed with, and in a short time longer the whole had consolidated so much that the sides of the moulding box were let down, and the casing left to dry rapidly in the atmosphere. The thickness of the casing averaged about three-fourths of an inch, and seemed, when dry, sufficiently strong to resist any violence to which a patient is ordinarily subjected, while awaiting the consolidation of a fracture.\*

Before the casing becomes perfectly dry, the date of the "putting up" of the fracture is scratched upon it. It is left on for four or five weeks, and when removed is broken with a hammer and chisel. Should small ulcers occur, or any inflammation about the point of injury, threatening the conversion of a *simple* into a *compound* fracture, a small circular hole is "chipped" out with a chisel, in order that the part can be examined, and, if necessary, the proper dressings applied.

This method of treating fractures is applied only to those of the leg and forearm. It is thought to be highly preferable to the starched bandage, in such common use in other cities, as the plaster in drying *does not shrink*. The case in which I witnessed the application

\* The limb should not be allowed to rest at the bottom of the box or trough at the time the plaster is poured in, but should be kept up a short distance, to allow an amount to find its way behind the limb, sufficient to render the casing over the calf of the leg and posterior portion of the limb generally, as thick and strong as that which covers the front. To facilitate the equal spreading of the mixture, the box should be tapped with a small wooden hammer while the plaster is still fluid.



of this treatment was that of a simple fracture of both bones of the leg, of only 16 hours' standing.

The Prussian surgeons, like those of Paris, as an anæsthetic use chloroform altogether, having abandoned sulphuric ether *as tedious and disagreeable*, and as not possessing sufficient advantages in any way over the first to warrant its substitution.

In the Charity Hospital the general arrangements of the wards, the dressings, baths, cleanliness, and conveniences generally, reminded me much of the state of affairs at present in vogue in our New York hospitals, and seem far superior to those of the French.

There are many advantages for students at Berlin; and as Americans and other foreigners are not, as in Paris, a drug in the market, they receive much attention, and have as good, and in my opinion a *better* chance, to benefit themselves by studying European practice, than in any other of the great continental cities; apparently much better than is to be had at Vienna, to which place Americans, especially Bostonians, are beginning to give their attention.

The great public hospital at Vienna is a very large institution, containing two thousand or more beds. As a school for diseases of the eye and skin, it is celebrated; and as a hospital for the study of diseases generally, it has a great reputation on the Continent. It is supported by the Austrian Government, and on the whole appears to be well managed; although, owing to the financial embarrassment of Government, it is not nearly so well conducted or so liberally supported as it would otherwise be. It is not so neat as the Berlin Hospital, and the bed-clothes and patients had, to my eyes, a dirty appearance. Many facilities are furnished medical students, and instruction in all branches is abundant and cheap. The steam baths and the arrangements for bathing, &c., on a grand scale, are well worthy of attention. As at Berlin, the cooked food and other edibles are daily inspected before distributing to the sick; each physician or surgeon taking turn in acting as inspector, instead of the business being attended to by a permanent inspector, as at Berlin. Living is cheap at either place, and the facilities furnished foreign students apparently as great as at Paris.

## OUR PHILADELPHIA CORRESPONDENT.

No. 8.

"How charming is divine Philosophy,  
Not harsh and crabbed, as dull fools suppose,  
But musical as is Apollo's lute,  
And a perpetual feast of nectar & sweets,  
Where no crude surfeit reigns."—MILTON.

PHILADELPHIA, October, 1858.

DEAR GAZETTE—The autumnal, and especially the October breezes blow strongly in the direction of our city, bearing many a young Esculapian hero, who is willing to stake his life, his honor and his fortune in the pursuit of our noble profession. Already our streets bear testimony to the presence of hundreds of these young devotees to science. We envy them their anticipated happiness; their ignorance of the thorns of their future path; their sweet faith in the flowery character of their chosen journey in life. We are disposed to exclaim, that all life, physical and intellectual, was created for the young. Imagination is the guiding power, and, like a true necromancer, she paints her scenes in all the gorgeous tints of the life rainbow of existence. But seriously speaking, we would willingly go over again the period of our pupilage, for the mere pleasure that it afforded us. This, however, cannot be; we can but once taste the great cup of existence here, and then it is dashed from our lips for ever.

How changed are our medical highways since those happy days of ours, just referred to; we look around in vain for the cold and stately figure of a Physic; the dignified but well-formed person of a Dewees; the plain and humble James; the mechanical form of a Horner; the joyous steps of the laugh-provoking Chapman; the wiry and active body of a McClellan; or the grand tout ensemble of a Hare. One alone remains of the old group—one alone may still be seen as he was seen thirty or forty years ago, in his spruce black dress, carrying a light cane, with active step as of old—Professor John Redman Cox, the father of the American Dispensatory; the originator of the Philadelphia College of Pharmacy; for five years the editor of the "Medical Museum;" long the professor of chemistry in the venerable University of Pennsylvania, and longer the teacher of materia medica in the same school; the author of "an Epitome of the writings of Hippocrates and Galen;" the inventor of "Cox's Hive Syrup," and the most learned man of his day in the profession of medicine; he whom the American Medical Association, at its meeting in Philadelphia, thought

deceased, and a fair and manly exposition of the intellectual labors and moral and social qualities of his friend.

The production was that of one friend for another.

Prof. Gross followed in the next hour, to a class considerably smaller than that of the new professor of Practice. They say that comparisons are odious, but we could not resist drawing the following parallel between these distinguished teachers. One is small and graceful in person; the other is tall and rather awkward. One is round voiced, with a slightly Irish accent in his pronunciation; the other is rather obscure in his elocution, with a strong German accent. One writes smoothly and flowingly; the other strongly and forcibly. One grows eloquent when speaking of his profession; the other warms up under patriotic or religious sentiment. One coaxes and persuades; the other dictates and commands. They agree in years and the standpoint of their lives. One represents Practice, the other teaches Surgery.

The class attending the introduction is about the average size. The number of students in the city is said to be unusually large for this period in the session. The venerable professor of the Institutes of Medicine in the University delivers the first lecture of the season, sitting in his chair. Indeed, his physical powers have been so much enfeebled by a fall, and advancing years, that he has given up out-door practice, and confines himself to such patients as will and can visit him in his office. To them he exhibits all the buoyancy, cheerfulness and professional acumen of his younger days. His Introductory lecture was delivered in his usual pleasing style, and was full of his own peculiarly original modes of thought.

But two professorships have been vacated and filled during the past year in Philadelphia—that of Anatomy in the Pennsylvania College, filled by the appointment of the son of the distinguished surgeon, George McClellan; and that of Practice, vacated by the death of Dr. Mitchell, and filled by the election of Dr. Dickson.

With these exceptions, the schools go on as they did last year; and the clinics, hospital and college, are the same as usual. The number of private teachers is, however, increasing yearly, many of them coming from the Southern States. No doubt the reputation of Chapman, Horner, Mitchell, and others, who claim a Southern connection, are the magnets to draw them hither. Philadelphia medical schools have, however, been built up by gentlemen who were essentially sons of this community. Physic, Rush, Wistar, Cox, Hare, Dewees, James, Barton, Dorsey, Jackson, Leidy, Smith, were and are native and "to

national subscription which is to reward him for stealing Dr. Wells's discovery of etherization, and for swearing that he and Dr. Jackson were the joint inventors, thus gaining a bogus patent, and now claims to be the sole discoverer, and is, in forma pauperis, begging, with hat in hand, all over the country. And strange to say, physicians are found in Boston and New York to "violate their code of ethics," by collusion with this *patent* monger, and aiding him in his schemes of villainy and fraud.

The following extract, from Senator Smith's recent pamphlet, will expose this conspiracy to extort money, for the benefit of Tuckerman, the mail robber, now in the States Prison, who has reason to curse Morton, as having been his ruin. Read !

"While Morton was in Washington in pursuit of this object, his expenditures were understood to be very lavish. He took possession of one of the committee rooms at the House, and there and elsewhere proffered to members, both *actual* and *lobby*, a profuse hospitality. Champagne, segars, and oyster suppers abounded, and the idea seemed to be entertained that such seductive influences would aid powerfully his contemplated foray on the Treasury. The undersigned must not be understood, in making this statement, to speak of his own personal knowledge, but merely of what was currently reported, and generally believed. Being well assured that Morton was as destitute of property as his pretensions were of merit, it was for a long time a profound mystery to the undersigned where he could have obtained the means to sustain so much profusion. But ere long the veil was withdrawn, and the transaction stood revealed to the world in its true character.

"W. S. Tuckerman, Treasnrer of the Eastern Railroad Company, was detected as a defaulter early in the summer of 1855. It turned out, on investigation, that he had robbed his employers of little short of a quarter of a million of dollars, and that no less than \$50,000 of the amount had gone into the hands of Morton, in connection with this appeal to Congress -whether by way of purchase of an interest, or on some other terms, did not appear. Tuckerman, in the fall of that year, was prosecuted for embezzlement, and on the trial Mr. Benjamin T. Reed was introduced as a witness, and testified that Tuckerman came to him and confessed his crime, and among other things, said he had let Morton have a part of the money. Witness said: 'He begged me to keep the name' (Morton) 'secret, as' (if known) 'it would prevent him from getting the money. I said I did

ures adopted to obtain for those pretensions the sanction of Congress, at a cost to the Treasury of \$100,000. Tuckerman was surprised, on consulting his books, to find how much he had advanced to Morton. Probably he was not, after robbing the U. S. Mail several times, very much surprised to find himself (as he has recently) at the Connecticut States Prison at Wethersfield. What an admirable fitness was there in the selection of *such a financier* to respond to *lobbying exigencies* at Washington!

"We have, in the facts alluded to, an explanation of another mystery, and that is, why Morton has not persisted in his solicitations at Washington, particularly as, according to Tuckerman, the Secretary of War was prepared to countenance an appropriation of \$50,000. The reason may be found in the fact that every cent which he might thus obtain would have to be handed over to the Eastern Railroad Company, to supply (in part) a sad vacuum in their exchequer, made in the manner already explained. Hence Morton, fully determined to 'put money in his purse,' has turned from Congress to the public, and is now appealing to the humane, the generous, and the affluent to recognize him as the author of *Anæsthesia*, and to reward him as such with a munificent token of their gratitude and esteem.

"It is submitted, that Morton has no moral right to one penny to be derived from his pretensions, even though those pretensions be deemed genuine: all is pledged to the Eastern Railroad Company. To pass by the Representatives of the people, and to address his solicitations to the people themselves, (thus ousting the company of all beneficial interest,) is a mean artifice or subterfuge, such as no man of honor can either practice or approve. Whether Morton should succeed in such an undertaking, let the public judge, in view of these and other facts disclosed in the subjoined papers."

The following, addressed to the Board of Governors by Senator Smith, has been ignored by that body, and the deed is done!

**Letter of Hon. Truman Smith, Ex. U. S. Senator from Connecticut.**  
*To the President of the Board of Governors of the Almshouse:*

SIR—The undersigned deems it proper to state, for the information of your Hon. Body, that for and during the 32d Congress he was a member of the U. S. Senate for the State of Connecticut, and that at both the first and second sessions of that Congress his attention was particularly turned to the subject of *anæsthesia*, or the modern method of rendering the human system insensible to pain while under

this question of authorship, and felt constrained to refer the fact to the judicial tribunals of the country, it would be, to say the least, indiscreet to assume that the merits are with W. T. G. Morton, and to deny to other parties all opportunity to show that the fact is otherwise.

Dated at New York, this 28th day of September, 1858.

(Signed,)

TRUMAN SMITH.

**Protest of Mr. Wales.**

*To the President of the Board of Governors of the Almshouse:*

The undersigned, a near relative and the next friend of Charles Thomas Wells, a minor, under 21 years of age, and only child and heir of Horace Wells, late of Hartford, Conn., deceased, for and in behalf of the said Charles Thomas, now here offers to prove, by good and sufficient testimony, that the said Horace "was the original, true and first discoverer of anæsthesia, and the first to introduce the same into practice; and that W. T. G. Morton obtained from the said Horace Wells full information of and concerning said discovery, and is entitled to no credit whatever for the same;" and the undersigned respectfully remonstrates against his (the said Morton) being recognized as such discoverer, and against the payment to him of any sum or sums of money whatever for and on account of the same.

J. WALES.

Dated at New York, this 28th day of September, 1858.

We have seen a pamphlet gotten out by Morton, containing the commendation of numerous medical men of Boston and New York, that the public authorities should contribute money to the national subscription, on the ground that Congress ignored both Morton and his pretensions. But how could Congress do otherwise, with the *depositions* before them of Drs. Mott, Parker, and Francis, that *Dr. Wells*, of Hartford, was the sole inventor of anæsthesia? These same medical savans have now lent their *names* to bolster up the piracy of *Morton*, and to urge upon other people to reward him for a discovery which, on oath, they have declared belonged to Wells. But the facts are coming out, and the fraud will soon come to a dead halt.

"A suit has been commenced, as we understand, by Dr. Morton, who claims to have discovered that sulphuric ether is an anæsthetic, against Dr. Charles A. Davis, the physician to the U. S. Marine Hospital at Chelsea, Mass. It is for an infringement of his *patent* for the use of



and he now modestly demands of Congress \$100,000 for the great discovery of the anæsthetic effect of sulphuric ether! Out upon such mendacity! If Dr. Valentine Mott and Dr. Willard Parker\* are so weak as to aid and abet such dishonesty, they will share their honors between them, for we are sure the profession here will never consent to so fraudulent an assumption. The truth is, ether, which every one knows to be the original and only substance used, never could be legally patented. It would be just as reasonable to claim a patent for some newly-discovered property of opium, quinine, or any other well-known and long-used medicine. Any one has as much right to breathe ether to the anæsthetic degree, as he has a right to take quinine to the extent of cinchonism, or opium to the extent of stupor. What would you say to claiming a patent for getting fuddled on brandy?" — *Scalpel.*

#### DR. LEE'S REPLY TO DR. BOWLING.

DR. REESE—It is not my intention to trouble you with a long article, in reply to Dr. Bowling's misrepresentations of Dr. Paine and myself, in the October Number of the Nashville Journal of Medicine and Surgery. Indeed, it will probably be thought that an invective so unsavory in language, so destitute of any attempt to disprove my demonstrations of Prof. Paine's originality in the matter of the nervous system, and so abounding in false quotations and perversions, is not entitled to the courtesy of this rejoinder. But the side issue, by which it is attempted to drag Dr. Paine into the editor's well-known tactics, is so characteristic, that doubtless the readers of the Gazette may be amused at his expedients, and the profession be still further enlightened as to the dependence which is to be placed upon the editor's statements and criticisms.

It is well known to the profession that when Dr. Paine's Medical and Physiological Commentaries appeared in 1840, they were grossly misrepresented by two London Reviews, and that Dr. Paine published a scorching exposure of this scandalous treatment, and which, as the able editor of the Virginia Medical Journal expresses it, is "embalmed in the third volume of the Commentaries." That exposure called out circular letters from Drs. Carpenter and Forbes, to which Dr. Paine rejoined, and that rejoinder is also enshrined in the same

\* We understand that the Morton plan was concocted at Dr. Parker's residence. Query, Was this a new phase of the "moral insanity" dodge?

volume of the Commentaries. In that reply, at page 4, Dr. Paine quotes from the circular letters, where their authors say, in reference to Dr. Paine's "pamphlet" in which the exposure is made, that "it is melancholy to think that so much time and pains should have been stolen from tasks of usefulness, and expended in elaborating a work, which, of course, no human being will read, except the author himself, perhaps the writer of the inculcated article, and, alas! the editor of the Review."

Now, your readers will be surprised, if not indignant, to learn that that extract is not only garbled by the Nashville editor, but monstrously enough is made by him to apply to the Commentaries, instead of the renowned "pamphlet" to which alone it refers. There can be no extenuation of this offence, as the article was in the hands of the editor when the fraud was perpetrated, and he was indebted to Dr. Paine for having preserved it. Perhaps this should be enough; but having begun, it may be a service to the profession if we show how totally this writer has falsified Dr. Paine in the quotations made from his writings, and the assurance with which it is done is in the most characteristic manner :

"We will show," says the editor, "beyond the possibility of successful contradiction, from the writings of Dr. Paine, an unequivocal denial of nervous influence over the secretory effort. In an article upon inflammation, Dr. Paine says, in bringing his argument to a close, 'it will therefore follow, according to the foregoing reasoning, that since, as we shall show, the nervous influence is not necessary to the function of secretion in the natural state of a part, it is not necessary to it when the part is inflamed.' He refers to experiments of Dr. Philip to prove that even the division of the par vagum did not arrest the secretions of the lungs or stomach, but actually increased them."

Here the same deception is attempted, and no reference is made to the part of the work from which the editor is consummating his plan. So far, however, from implying any contradiction of the author's great doctrine as to the "Excito-Secretory Function," even in this editorial presentation, there is none whatever, but the most perfect consistency. Were it otherwise, the author would then have contradicted himself. But we have never been able to find a single contradiction in all his writings. This remarkable consistency has been conceded on all hands. In the instance before us, Dr. Paine was briefly alluding to what is much more extensively stated in other parts of

his Institutes; that all the actions of organs, secretion, excretion, muscular motion, &c., are performed by properties implanted in all the tissues, and that the functions of organs are variously influenced by the nervous system, not dependent upon it. These are his fundamental doctrines, and he has dwelt upon the distinction, as he tells us, on account of, especially, a doctrine which has obtained with many, even with Marshall Hall, that the organic functions devolve upon the nervous power, and not upon the *vis insita* of Haller, which Dr. Paine maintains. This must have been known to Dr. Bowling, (although he concedes that he knows nothing of physiology,) for Dr. Paine, in his article on the "Rights of Authors," introduces a sentence apparently to protect himself against the supposition which Dr. Bowling perverts into a self-contradiction. That sentence is the following: "But, that the writer may not be misapprehended, he will say that he endeavors to establish the fact that *secretion* in animals, as in plants, is conducted by powers implanted in every part; but that it is *constantly influenced*, physiologically, pathologically, and therapeutically, by reflex action of the nervous system," p. 916. The misrepresentation, therefore, which is attempted by Dr. Bowling, is thus rendered sufficiently palpable. But it may be worth while to show, by a quotation from the Institutes, the full extent of the artifice. The foregoing extract from the Nashville Journal refers to a paragraph in which Dr. Paine is illustrating, by an experiment of Dr. Philip, the two doctrines just recited, namely, that the functions of organs are carried on by powers inherent in all parts, and that the nervous power is capable of exerting profound influences upon them; that the division of a nerve even inflicts a shock of great violence. The paragraph occurs at page 289, where the author, after denying that "the products of organs are *generated* by the nerves," goes on as follows:

"If the products are altered by impressions made upon the brain or nerves, it is because the nervous influence is preternaturally determined, as a morbid agent upon the organic viscera, or because the influence is withdrawn, or a violence done by interrupting the relation of parts, as when the pneumogastric nerve is divided. Such division of nerves *may have all the effect of a morbid agent, producing congestion and inflammation*—the very division of the nerve determining a *shock of the nervous power upon the organic properties* of the part to which the nerve is distributed. But in the instance of dividing the pneumogastric nerve, *the gastric juice and the pulmonary mucus are secreted in preternatural abundance.*" The italics are mine.

nessed the decided advantage which an advocate of general information possessed over his more ignorant opponent? Let the case have relation to some real or alleged instance of malpractice, as a "broken-bone case," and let a shrewd lawyer, who is a good anatomist, (made so perhaps by a few hours' study on the point in question,) be employed, and woe to the reputation and influence of the medical witness with the jury, if he cannot tell the name of every little process, on a corresponding bone, presented to him, or the origin and insertion of every muscle implicated. It is *undue* advantage, I grant, which is gained, but it shows that "knowledge is power." And while it is affirmed that the same power makes itself equally felt in medicine, it must be conceded that, on scientific subjects generally, the various branches of natural history and the arts, our profession is decidedly in advance of the others. There is something, too, in the nature of our pursuits, which, beyond any other, tends to produce sound, practical, common sense. A late President of the American Medical Association, in his annual address, says: "It has been my fortune to know many of my professional brethren, practising in obscure country situations, whose talent, sagacity, and practical information would, under more auspicious circumstances, shed lustre on their names and calling." But the amount of what we can *usefully do* for our patients, when contrasted with this aggregate of knowledge, shrinks into comparative insignificance.

But it is our design to apply this doctrine particularly to midwifery, and to show, by practical and individual references, that the more we *know*, the less, generally, we shall *do*. In the sententious expression of Blundell, selected for our caption—"Meddlesome midwifery is bad.

First, in the order of nature, comes —

*Abortion.*—It is our purpose to speak merely of the use of the tampon. Without stopping to decide the mooted question, whether the hæmorrhage proceeds from the placental superficies of the womb, and always implies a greater or less detachment of the placenta, or whether it is the result of "decidual hyperæmia, an exudation from the distended and overloaded bloodvessels of the decidua, without rupture;" in either case the premature use of the tampon is alike injurious; in the former, by causing a remora, or accumulation of blood, within the uterus, and under the edge of the placenta, which it separates more and more; and in the latter, by preventing a salutary disgorgement from the overloaded vessels of the decidua, which condition, previous to the eruption, had shown itself by a sense of fullness and weight,

rare form of natural labor, should be left to be completed by the natural efforts, since neither the mother nor her child is exposed to any more danger in this form of labor than in the most usual of all." In attempting to convert a "forehead front" into an "occiput front," we are often unsuccessful, and, if successful, only anticipate what nature often does of herself. The general rule (to which, however, there are a few exceptions) was quaintly expressed to me by an old practitioner of large experience, when speaking on this subject: "If," said he, "I find the head coming, I say to myself, *let it come*."

IV. *Rupturing the Membranes to expedite Labor*.—Few operations require more judgment. Sustained by the opinion of Dewees, of its efficacy, in certain cases and conditions, and having long waited, in vain, in a case of tedious labor, the temptation to interfere, even where the os uteri is but partially dilated, and more or less rigid, is very strong. But, if performed prematurely, and when the delay is to be ascribed to other causes than an unbroken membrane, we may see cause deeply to regret our error. In place of finding the head advancing at the succeeding pain, we often have the mortification of meeting a strong spasmodic contraction of the os uteri, as if it resented the ruder contact of the presenting part.

The question may be interesting, why more injury results from voluntarily *rupturing* the membranes, than follows a spontaneous rupture, at the outset of labor. In both cases impeded action of the uterus results, owing to the fact that the head of the child presses unequally on the os uteri, in some portions more, and in others less; and hence the tumidity and puffiness which ensue. When the rupture happens before the neck is at all expanded, the uterine circulation better accommodates itself to the circumstances, than when the accident occurs later in the progress of labor.

It is only the *abuse* of his procedure which needs condemnation; for where there is great uterine inertia, or an inordinate quantity of liquor amnii, or the membranes protrude into the vagina, and are very *tough*—the os uteri meanwhile dilated or very dilatable—the operation is safe and eminently successful. So, in cases of alarming prostration, with obstinate vomiting, (labor meanwhile suspended,) rupturing the membranes and irritating the os has, in the writer's practice, resulted in the happiest change.

V. *Nates Presentations*.—In no other presentation is there the same demand for a "masterly inactivity." The welfare of both mother and child, especially the latter, is at stake; for if the soft parts of the

VI. *Mechanical Irritation of the Os Uteri as a Means of expediting Labor.*—We now enter on the discussion of a disputed, but important point in obstetrics. Some years since, it was claimed by Professor Hamilton, of Scotland, a man of most extensive experience, (and in his views he was supported, in the latter part of his life, by the prudent and judicious Burns,) that the os uteri should always be dilated within twelve or fourteen hours from the *real* commencement of labor, which is betokened by regularly recurring pains, and a tightening of the edges of the os uteri. Spurious pains are not counted; and if there are intervals of repose, caused by agitation or mismanagement of any kind, there being, meanwhile, no injurious pressure, this interval is not included; but the limited time specified above dates from the recurrence of the pains. The same views are advocated by Prof. Miller, of Kentucky, author of a recent work on midwifery. These gentlemen also claim that, where a *shortening* process is not resorted to, women of feeble constitution are sometimes destroyed by a prolonged first stage, (or opening of the os uteri,) the uterus becoming exhausted, hæmorrhage ensuing, &c.; and as an instance, adduce the case of the celebrated Princess Charlotte, of England. Her labor commenced at 7 P. M., and was not completed until 3 P. M. of the following day, a period of twenty hours. They also claim that in a prolonged first stage the child usually perishes, as happened in this case, from pressure on the cord.

Having stated the claims of these gentlemen, we proceed to speak of the means by which they would expedite labor. As preparatory, they place great reliance on bleeding, when indicated by a full pulse, and especially in rigidity of the os, from premature rupture of the membranes, on cathartics and enemata; all of which, if indicated, should first be tried. But if the pains still remain infrequent and of little power, the os uteri being thin and lax, we are instructed to introduce a finger to the os, during a pain, or, if necessary, when there is none, and by gentle semi-circular motions, first in one direction and then in the opposite, for about a minute, to *excite* uterine action. The finger is to remain, between the pains, and the excitation to be renewed, for several successive pains, more or less, according to the effect. This is claimed to be a vital, not a mechanical principle; and it is denied that the os is dilated at all mechanically, if the operation is rightly performed.

On the other hand, Denman, Ramsbotham, Collins, and other English authors, prefer and recommend *patience* in protracted labors,



so: a few pains completing a labor which was beginning to cause apprehension. So necessary, to some women, is this "orificial irritation," that, without it, their labors are greatly and unnecessarily prolonged; and with it, in such cases, seldom do we see more rapid and marked results.\*

Having, as we trust, established the principle as a most important one, we come now to speak of its abuse. It were superfluous to repeat Denman's old caution against frequent touching, as removing viscous secretions, and by mechanical means producing a sub-inflammation of the parts. The principle not being one of *mechanical* dilatation, the most that is allowable, in any case, is so to press the finger upon any lax portion of the os, as to equalize the stress of the pains, and secure its equable dilatation. Unfortunately, we are supposed to be able to do much more for our patients in natural labor than is at all consistent with their best good, especially if it be rapid or violent. In such cases, the less we do, the better, if so be we inform ourselves as to the progress of labor. If, on the contrary, our manipulations are frequent and violent, we risk such undue uterine action as may result in a premature rupture of the membranes. Tyler Smith says: "The practice of taking pains has caused nearly as many accidents as the ruder forms of malpractice. The uterus has been ruptured by the uterine action of taking a pain, and a fatal convulsion has been caused by even the cautious introduction of the hand into the uterus." Dr. Ramsbotham has detailed two most interesting cases, in which rupture of the uterus occurred while careful examinations were being made at the acme of the pains." These results are immediate; but who shall decide how many of the hypertrophies, the indurations, and the ulcerations of the os uteri, so common at the present day, may be traced to unnecessary manipulation in some previous labor?

Omitting, for want of time, the discussion of other topics, involving meddlesome interference in practice, such as the use of forceps, and of ergot, retained placenta, and placental presentations, we only add, in conclusion, that, in the foregoing remarks, we have advised the *cautious*

\*An intelligent lady, of this city, the mother of several children, removing to New York, employed a physician in her accouchement, who, for some reason, did not act on this principle. Knowing, from past experience, that labor was rapidly impending, and that assistance had previously been requisite, to centralize her pains, she would not suffer him to leave her side; and in this way a whole day of intense anxiety was spent. Although, at the time, without *obvious* labor-pains, she at length said to him: "Doctor, if you don't assist me, I shall send for another physician." This aroused him to do the needful, and the child was born, with only two or three pains.

ferry or bridge *for so much a head*. Circus companies may sometimes let a man with his family, or his negroes, enter *for so much a head*. Chicken wagoners may sell fowls to a hotel-keeper *for so much a head*. Stock-raisers may furnish the flesh market *for so much a head*. These are all right and proper, and in keeping with the business. But for a man to practice medicine—that most responsible, time-honored, and noblest of all professions—which has for its high object the preservation of the body during life's temporal existence—upon which so much is relied in the hour of physical suffering and despair—and which has been distinguished in almost all ages for its wise, learned, and great advocates, *for so much a head*, cannot be too severely censured, and ought to receive the condemnation of every philanthropist.

We say it is unprofessional, because its tendency is to bring the Profession into disrepute. It is illegal, because nowhere, in all the past history of the Science of Medicine, can there be found the least semblance of authority for it—neither is it tolerated by any of the regular schools of the present day—nor is it authorized by the medical board of the state: hence it is usurpation of privilege. It is unjust, because it robs many of patronage which their superior qualifications and honest merits entitle them to. It is mean, because it is beneath the dignity of the Profession. It is venal, because a man hires himself by the year, as he would his own *servant*, and in that way *enslaves* himself.

The practice has been inaugurated, and is still pursued by a few Charlatans, who care nothing for the dignity and honor of the Profession, and are forced to it for want of due qualifications. We have come to this conclusion, because we have never seen a man that was really qualified and learned in the science, that would deign to do such a thing. So generally true is this, that whenever we hear of a man guilty of it, we mark him as a *quack*, and as one who has not medical learning and intrinsic merit enough to commend him to the favor and patronage of the people. We know men engaged in this kind of practice, who are just beginning business, and we must confess it is a very *low* and *niggardly* claim for a young man to set up. Our advice to all such, is, to quit physic, and do something for which they are qualified. Adopt the motto, that if you can be of no honor to a profession, be sure that you are of no disgrace to it. We know of others, who have been practicing for years, and have amassed wealth by a combination of extraneous influences, and now, that young, scientific, and skillful physicians have set up in opposition to them, relying en-

physician double the amount, or the usual rates, and save all his family. Well, experience and observation have taught us, that cheap things are of little value. Hence we conclude that cheap doctors, like cheap goods, are of little use.

Many people are ready to cry out against the Profession, as failing to accomplish the object of its institution, and impute to it many hard and unkind things. But we ask, in all candor, how can they expect any better, when they throw all their patronage and influence into the hands of the *cheap* and *illiterate* doctor, while the educated, intelligent, and skillful physician, who has devoted time, money and labor for the acquirement of a thorough knowledge of his profession, and upholds its dignity by contending for even customary rates, and refusing to condescend to anything uncourteous and unprofessional—is forced so abandon his profession, and seek other means of support—or plod along through life with a mere pittance as his share of public favor and patronage.

This is certainly a deplorable state of things, and is tending to a degeneracy of the Science of Medicine, at a time when it is thought to be in a high state of improvement and progression. Let this evil only continue a few years longer, and we predict for the science a state of obscurity and bigotry exemplified in the dark ages of the world. The successive teachings of Hippocrates, Stahl, Boerhaave, Cullen, Brown, Broussais, Sydenham, Harvey, Jenner, Rush, Chapman, and many other great and shining lights in Medicine, will be lost, and there will be none to succeed and revive them. Then, instead of having a beautiful Science, as we now have, which harmonizes with the laws of Chemistry and Natural Philosophy, and is so efficient in counteracting and subduing the pathological conditions of human organism, we shall have a mere nominal system—an insignificant wrecked skeleton of the existing mighty and magnificent ship. What a great calamity it would be to deprive the world of the immense amount of learning, skill, and usefulness that characterize the ranks of the Medical Profession, when it can be so easily maintained by a just and manly reward of the arduous and meritorious labors of the qualified physician.

Patron, we exhort you to reflect upon this subject; for the evil and its remedy are both in your hands. If the science ever does fall, which seems to us inevitable, in view of the evil which we have been discussing, the dreadful curse of the sacrifice must rest upon your own heads. For, as long as you continue to reward medical merit, so long

**HYGIENE.**

In every community medical men are the peculiar guardians of the public health. Nor are they self-constituted, for the responsibility is forced upon them by the community in which they live, and the public everywhere demand of them a strict accountability in this regard. The moral responsibility of medical men is equally great in preventing disease, as in relieving such when it may exist. Indeed the obligation is more weighty, and is as praiseworthy as disinterested. The study of Hygiene is all important to a community, and the prosperity of cities, especially those located in warm climates, is greatly dependent upon the proper observation of its rules. "Of the potency of the medical art, in its hygiene form, to strike at the root of most of our febrile and many of our inflammatory diseases, and thereby to save life in the best manner, that is, without the penalty of previous suffering, there can be no doubt; and if the attention of society were but once fully given to the subject, and the exertions of the professors of the art, thereby directed from many absurdities that now engage them, were fully turned into this rational course, the saving of life would be such as would not only modify our tables of mortality, but affect the fortunes of nations." The prosperity of cities is vastly affected by the immunity which citizens may enjoy from diseases, particularly of an epidemic character. As each warm season rolls round, it is the duty of every inhabitant of crowded cities to use every expedient which will prevent the emanation of noxious affluvia from his own premises. This he owes not only to himself and immediate family, but to the community generally. Nor has city authorities any moral right, even in the accomplishment of what they suppose to be public improvements, to jeopardize the health of the community. Would it not be well for city authorities to submit all questions relating to public health to the local Medical Societies, where they may be discussed by the medical men of the community, and their combined opinions obtained, as to the propriety or impropriety of carrying on certain projects more or less connected with hygiene.

We do not suppose that any member of a municipal body could think this a reflection upon his ability to legislate for the public good, for we are taught that in the "multiplicity of council there is wisdom."

The local society would not presume to claim that their opinions should be unconditionally adopted, but should confine their actions to simple recommendations. We will give the results of experiments

recently made with disinfecting agents, in one of the large hospitals of Paris, La Salpetriere. These experiments were made to "neutralize the noxious effects of decomposing organic matter" in this crowded almshouse. "The following general propositions are stated by the committee in the report: 1st. The volatile acids, nitric, hydrochloric, acetic, &c., may in certain cases be efficacious by neutralizing ammoniacal animal matters, or even sometimes in effecting a chemical modification in them. 2d. Nitrous and sulphurous acids in some cases produce excellent effects in de-oxygenizing organic substances. 3d. Chlorine and the alkaline hypochlorides, the best disinfectants known, decompose all organic matters in attracting their hydrogen. 4th. The alkalies, such as potash, soda, quick lime, ammonia, &c., act particularly by neutralizing carbonic, hydrosulphuric, and perhaps other organic volatile acids, whose nature is completely unknown. 5th. Certain soluble salts, whose base forms with sulphuric an insoluble sulphuret, act efficaciously in hydrosulphuric gas and hydrosulphate of ammonia, which are very deleterious. 6th. In all cases ventilation is the indispensable complement of every disinfecting process."—*Boston Med. & Surg. Journ.*

Experiments were made with the following agents: nitrate of lead; sulphate of zinc with sulph. copper, and a salt of iron. These agents were found to produce the desired effects, but temporarily. The chloride of lime was found by far the most efficacious. In the use of this agent an unexpected result was noticed. For several days, a thick, white vapor of hydrochlorate of ammonia was noticed after the employment of the chlorine, owing to the immense quantity of ammonia with which the privies and vaults were saturated, and which was not removed by the processes of Ledoyen and Tarnaudis, (viz., by zinc and lead.)

The emanation of hydrochlorate of ammonia after placing chloride of lime in a privy, can be easily proven by any one. This is decidedly the best disinfectant known for such purposes. The sulphate of iron (copperas) is admitted to be a fine disinfectant, and is more permanent in its action. It should be thrown in the *pool* in lumps, and then it will produce its good effect for a number of days, for its solution is gradual, and the chemical combinations with the emanating gases from the *pool* is slow but effectual.

In the Sanitary Review, April, 1858, will be found a series of most interesting experiments by Dr. H. Barker. These experiments were made upon the emanation from sewers and cesspools.

In the examination of *air* from *sewers*, he found at all times, mixed with it, carbonic acid gas, sulphureted hydrogen, or sulphide of ammonium. When the reaction was alkaline, ammonia was evidenced. Dr. Barker, in his summary, remarks that cesspool emanations are poisonous. He says dogs subjected to cesspool air were more or less affected. The symptoms were those of intestinal derangement, followed by prostration, heat of the surface of the body, distaste for food, and those general signs which mark the milder forms of continued fever common to the dirty and ill-ventilated homes of the lower classes of men. He adds, sulphureted hydrogen produces vomiting and diarrhoea first, then insensibility and entire prostration.

Sulphide of ammonium produces vomiting, but no purging, with occasional tenesmus. When large doses are administered death occurs speedily, with quickened and labored respiration. "When the administration is kept up in small doses for many hours, the symptoms are those of excited thirst, followed by rapid sinking. The surface of the body from being unusually hot becomes unusually cold." The tongue is protruded, dark, dry, and cold. There are constant jactitations of the limbs, subsultus tendinum, feeble, quick pulse, and ultimately death.

In small doses, he says, carbonic acid gas first produces difficult breathing, then prostration, and if inhalation is prolonged, diarrhoea. In large proportions, insensibility, coma and asphexia are the results. Dr. Barker attributes most of the bad effects of cesspool air to the emanation of sulphureted hydrogen, which is always present. In view of these facts, most of which are known to all, should we not exert ourselves to prevent such emanations from our premises? It would seem that the gratification of conscious cleanliness would induce citizens in crowded communities to exert themselves, to say nothing of the potent reason, that neglect of such matters may bring disease and pestilence in their midst. Among those who have an utter disregard for cleanliness, and the lives of their neighbors, municipal regulations should be strictly enforced, to secure this desired result.—*Savannah Journ. of Med.*

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#### Abortive Treatment of Bilious Remittent Fever.

I deem it unnecessary to say anything in relation to the causes or symptoms of the fever which prevails during the summer and autumnal months in this region; indeed, an article in this number of the



Journal, from the pen of Dr. Charters, has made it altogether superfluous. I will therefore state in a few words the treatment I have for many years pursued in these cases. I am persuaded to do this, not that I have originated a treatment for bilious fever, but that it is not the one generally adopted. From conversations held with several members of the profession, and from ascertaining their doubts as to the utility and even safety of the course I propose, I avail myself of the pages of this Journal to urge upon those who still doubt, the adoption of this mode of treatment, under the conviction, from long personal observation and practice, not only of its safety, but of its positive efficiency. It not only curtails the duration of the disease several days at least, but is a sure preventive of the sequences and local determinations that have so often attended these fevers and rendered them formidable. Take a case as an example. The physician is called to a patient with bilious remittent fever; he finds him with a hot dry skin, frequent pulse, flushed face, pain in the head, back and limbs, frequently with irritable stomach. The usual course pursued, (at least in this section of the country,) is to subject the patient to what is termed "preparatory treatment," in order to bring him to such a condition that he may take quinine. The time consumed in this preparation may vary with different physicians. My own observation tells me that it is valuable time *lost*. The quinine may be administered at once, at any stage of the disease in which the physician first sees it, without regard to headache or "head symptoms." My practice has been to administer on my *first visit* the following formula:

R—Chlor. Hydr. Mit. grs. viij xii.  
Sulph. Quinine xx xxx.  
Sulph. Morph. gr. ss. Pill No. 8.

Two of these pills being administered every three hours, followed some four or six hours after the last dose by a mild cathartic, should the bowels be inactive. I have never been disappointed in the result of this treatment. You find your patient on the following morning (almost invariably) free from pain, in a free and copious perspiration, often with the quinine skin, that is, a skin below the natural temperature and with a "clammy perspiration," yet with a perfectly normal pulse—a pretty certain indication that your patient's fever has left him, not to return. A simple diet, with attention to the condition of the bowels for a day or two, and your patient is restored to health. I have occasionally found it necessary to repeat the above treatment, but these cases are the exceptions to the rule. Let me add that, in

seventeen years' practice in the "low country" of Georgia, I have never met with a case of pure bilious remittent or intermittent fever that did not admit of this treatment. I do not assume to myself that I have made a discovery, or that this treatment is new, but I do assume that it is but little practiced in this region; yet so invariable has been its success in my hands that I cannot forbear urging it upon the attention of those who have not tried it, or still stand in awe of that powerful *sedative quinine*, trusting that it may prove as satisfactory to them as it has ever been to myself.—*Savannah Journ. of Med.*

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In the late work of Sir Benjamin Brodie, "Mind and Matter, &c.," we find the following

#### PILL FOR PHRENOLOGY.

But I might also refer to still more numerous instances in which the phrenological examination of the head has proved to be a failure. You may perhaps regard me as being in some degree a prejudiced witness, and I will therefore merely refer you to an account, published some years ago, of the visit of Dr. Gall, the inventor of the science, to Sir Francis Chantrey's studio; when he pronounced the head of Sir Walter Scott (who had not the smallest turn for mathematics) to be that of a great mathematician; that of Traughton, the mathematical instrument maker, to be the head of a poet; and at the same time discovered the indications of a superior intellect in another head, the living proprietor of which had certainly as little claim as any man could possibly have to be thus distinguished.

But even if the errors of phrenology were less numerous than I believe them to be, that would not go far toward convincing me of the value of their art. It is not very difficult for a clever observer of human nature to form a notion of some part of a man's character in the course of a brief conversation with him; and an enthusiast in phrenology may very honestly persuade himself that he has obtained from the examination of his head that knowledge which he has really obtained from other sources. Then observe how comprehensive the faculties and propensities of the phrenological system are supposed to be. A large development of the organ of destructiveness in the head of Hare, the murderer, explained how it was that he was led to murder sixteen human beings, that he might sell their bodies.\* But in the

\* A system of Phrenology, by George Combe, 5th edition, vol. i, 262, &c.

head of another person who never committed a murder, it is sufficient to find that it exists in combination with a disposition to satire, or to deface mile-stones; and in the beaver and squirrel, it explains how it is that these animals are impelled to cut and tear in pieces the bark, leaves, and branches of trees, for the innocent purpose of constructing their cabins and nests. So the large size of the organ of acquisitiveness not only leads one person to be a thief and another to hoard, but it also explains the habits of the spendthrift (who does not hoard at all); and it impels storks and swallows to return after their migrations, to establish themselves each succeeding year in the same locality. Following these examples, I do not see that a phrenologist can be much at a loss in finding a character for any individual suited to the peculiar configuration of his head. But observe further, if a difficulty were to occur, how easily it may be explained away by an ingenious phrenologist. If ever there was a race of thoroughly remorseless murderers in the world, such were the Thugs of India. Generation after generation they were born and bred to murder. They looked to murder as the source not only of profit but of honor. Dr. Spry sent the skulls of seven of these demons, who had been hanged at Saugor, to some phrenological friends in Scotland. To their surprise, destructiveness was not a predominant organ in any one of them. But the anomaly was soon explained. The Thugs, it was said, had no abstract love of murder, but murdered for the sake of robbery.\* It would not be easy to show that there was any difference between the Thugs and Hare, or Burke, or Bishop, in this respect.

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#### ON DYSMENORRHEEA.

By DR. FENNER, of New Orleans.

Soon after I commenced the practice of medicine, I received from my brother, Dr. Robert Fenner, of Jackson, Tennessee, a recipe for an emmenagogue which, he said, was not to be found in any medical book of the day, but had been given to him by our father, a practitioner of forty years' experience, and he had gotten it out of an old English work, then extinct, written by a Dr. Falk, of London. I was told that it was an excellent emmenagogue, more especially in that painful form of obstructed menstruation called dysmenorrhœa,

\* India, Pictorial and Historical, London, 1834, p. 356.

and that it was remarkable for almost invariably causing fruitfulness in the cases of young married women.

The following is the original recipe and directions: R. Gum guaiac, one ounce; balsam canadens, 1 ounce; ol. sassafras, 2 drachms; merc. corrosiv. sublimat. 1 scruple; rect. spt. vini (alcohol) 8 oz. "Dissolve the guaiac and balsam in one-half the spirit, and the corrosive sublimate in the other. Let the guaiac and balsam digest for several days; then pour off the clear liquor, mix with the sublimate and add the oil. Dose—ten or twenty drops night and morning in a glass of wine or water, *pro re nata*."

This was called by Dr. Falk "*tinctura antacrida*."

I have continued to use this prescription for dysmenorrhœa ever since I first received it, and with the most satisfactory results. I have given it to my brother practitioners wherever I have lived, and they have all pronounced it the best remedy they ever used for this complaint. It is only very recently that I accidentally discovered in the tenth edition of Ellis' Medical Formulary the same recipe, though not exactly the same directions for preparing it. (See page 189 of that work.) It is there placed amongst his alteratives, with the commendation of Mr. Emerson and other practitioners of Philadelphia, in *lues venerea*, etc., but no allusion whatever is made to its admirable virtues as an emmenagogue. Dr. Falk also used it in *lues*, and I myself have had some interesting experience of its virtues in that disease, but I shall confine my remarks at present to its effects in dysmenorrhœa and sterility.

*Directions*—I usually direct the patient to begin a day or two before the expected period, and take twenty-five drops in an infusion of sage or sweetened water, night and morning, until the discharge is freely established; then cease till the next period. In obstinate and severe cases, the medicine should be commenced a week or ten days before the period; and if the pain appears, the medicine should be taken every four or six hours till relieved. The pain usually disappears as soon as the discharge becomes free; but in most cases the discharge comes on without pain after taking a few doses. I have known immediate relief to be given by a dose taken in the paroxysm, but I have seen cases in which the pain was excruciating, causing shrieks and even violent convulsions. In such I have had to resort to a more prompt and efficient anæsthetic, as the inhalation of chloroform, or the following, which I have often known to act like a charm: R. Spirit

## EDITOR'S TABLE.

### MEDICAL INSTRUCTION.—Philadelphia versus New York.

Our neighbors of the Medical and Surgical Reporter, now of Philadelphia, have inaugurated their new weekly issue, by a "Students' number," nearly the whole of which is occupied by the detail of the numerous colleges, schools, hospitals, infirmaries, dispensaries, &c., of their "adopted city," each of which is made the subject of glorification, in proof that Philadelphia is the "recognized centre of the Western world!" All this is very well as far as it goes, but we may be allowed to claim for New York, that our capabilities and facilities for medical instruction are worthy of some consideration, and will bear an honorable comparison, in extent and value, with the vaunted pretensions of our sister city.

Let us examine the summary of the Reporter in detail, viz. :

|                                                  |    |
|--------------------------------------------------|----|
| Philadelphia has Medical Colleges . . . . .      | 4  |
| Hospitals . . . . .                              | 19 |
| Dispensaries . . . . .                           | 3  |
| Special Lecturers . . . . .                      | 12 |
| Practical Anatomy . . . . .                      | 2  |
| Office Instruction and <i>Grinding</i> . . . . . | 12 |
| Colleges on Collateral Sciences . . . . .        | 3  |

Making a total of "Institutions" of . . . . . 55  
which we are told employ 150 physicians and others.

And now for the comparison.

|                                           |    |
|-------------------------------------------|----|
| New York has Medical Colleges . . . . .   | 3  |
| Hospitals . . . . .                       | 25 |
| Dispensaries . . . . .                    | 5  |
| Infirmaries . . . . .                     | 5  |
| Special Lecturers . . . . .               | 12 |
| Practical Anatomy . . . . .               | 4  |
| Office Instruction, Grinding, &c. . . . . | 25 |
| Cliniques . . . . .                       | 12 |
| Colleges and Schools collateral . . . . . | 7  |

Making a total of "Institutions" of . . . . . 98  
giving employment to over 350 physicians.

The colleges have commenced their winter course of lectures here, the introductory having been delivered respectively by Profes-

list of medical gentlemen who had added their signatures to a document giving him (Dr. Morton) the credit of the discovery. The reason of my request for the withdrawal of my name was, that I became convinced on strong evidence afterwards, that Dr. Morton's claim was set up years after Dr. Wells', and for the same gaseous agents.

I have been as succinct as I well could in my opinion, and you will believe me,  
Very respectfully yours, ISAAC E. TAYLOR.

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**The Medical Faculty of the University of Michigan, blocking the wheels of the Board of Regents.**

We have watched with more than common interest the progress in educational matters of our young and enterprising neighbors in the West, especially those residing in the States of Michigan, Iowa, and Wisconsin, all of whom have to such an extent been the beneficiaries of the Government of the United States, in grants of land, that they are enabled to establish, without taxing themselves, a system of public schools, free as the prairie winds, adequate to the intellectual wants of the entire population; whether they may be preparing for professional pursuits, for mercantile life, for the work shop, or for that noble employment, the cultivation of the soil.

Having for several years been cognizant of the extent of their educational resources, knowing them to be a young, energetic, and withal an ambitious people, who in the construction of their social edifice had not to begin by clearing away the debris of ancient institutions; and moreover, finding ourselves attracted to them by the social amenity of some of their medical men, with whom we have had the pleasure to become acquainted; and as a member of the American Medical Association—feeling an anxious solicitude that no occasion of offense should be given to it, by neglect on the part of any of its members or constituent bodies, to embrace or improve every opportunity which presents itself for exalting the standing of the medical profession, by requiring of those desiring to enter it to undergo a more thorough preparatory training—we have become particularly attentive observers of the acts of their medical men, whether having the effect to advance or retard the progress of the profession in that particular direction.

The readers of the GAZETTE, who have treasured up any of the thoughts we have been wont to give expression to on the important subject of the preparatory education of medical students; or have caught one spark of enthusiasm from the altar fires annually kindled by our national council; will sympathize in the surprise with which we



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him to admission to the freshman class of the class course of the University, to be certified by the proper professors of that course. This resolution shall take effect on first day of July next.

During the discussion which this resolution elicited, Professor Sager and Palmer were called before the Board, both of whom expressed the opinion that the passage of it would be destructive to the Medical Department, by reducing the number of pupils in attendance to a point of numerical insignificance, thus making the quantity rather than the quality of the material sent forth from their institution the test of its utility.

When gentlemen bearing the honors conferred by a college professorship, emanating from an institution so endowed, that their remuneration is in no wise dependent upon the contingent of numbers in the medical classes, and sharing the responsibility which attaches to membership of the National Association, so far tarnish these honors, and ignore these responsibilities, as to open the doors of their lecture rooms to ignorance, for the purpose of showing a magnificent catalogue, we are reminded of the object for which our National Association was formed, and painfully impressed with the fear that we shall never see its objects achieved.

We well remember having expressed our doubts, at the time of his election, of the fitness of Dr. Tappan for the presidency of the University of Michigan, as the common head of the medical and its cognate departments, for lack of confidence in his medical orthodoxy. The part he is represented as having taken in this discussion, and his concurrence in the recommendations of the committee, who strove to inaugurate a new era in the Medical Department of the University, requiring candidates for admission to submit to a preparatory examination, make it our duty to retract what we said on that occasion, and to accord to him not only our sincere approbation for this performance of duty, but the confident assurance that it will everywhere meet with the approval of the intelligent members of the profession. Our friends, the recusant professors, we must turn over to the tender mercies of the American Medical Association.

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**"BELLEVUE HOSPITAL—AN IMMENSE GROGSHOP!"**

Governor Anderson announced to the Board at its last meeting that, in his official judgment, "the Bellevue Hospital had become nothing better than an *immense grogshop*."

evanescent; the latter can be better gained through the professional journals, in accordance with our code of ethics, and will be enduring.

The offense is rife among our New York surgeons, and certain Medical Journals have severely rebuked it, unjustly, as we hope and believe, imputing self-laudation to the surgeon himself for such advertisements.

#### Inviting Laymen to Surgical Operations.

Since the above was written the following advertisement appears in the daily papers. We italicize that portion which is a flagrant violation of the Code of Ethics of the American Medical Association, whose "moral power" should insist upon "regret" as an atonement for the offense.

Here it is, a specimen of the quackery of the times, of which all parties ought to be ashamed.

"*Bellevue Lectures.*—By a notice elsewhere, it will be seen that Dr. J. W. Francis will deliver the address at the opening of the winter course of clinical lectures at Bellevue Hospital, on Monday, the 18th inst., at one o'clock, P. M. An invitation to attend is extended to members of the profession. No tickets will be demanded at the gate on the occasion. The fee for the year, however, is five dollars. After the address, Dr. James R. Wood will exsect the lower jaw. He will also exsect the upper jaw of a male for necrosis, induced by exposure to the vapor of phosphorus in the manufacture of matches. The doctor will also make some remarks on the disease and growth of bone, and *the opportunity will be an excellent one for laymen whose nerves are strong enough to witness these terrible and difficult operations.* Prof. Post has notified his students that he will exsect the knee-joint, at the amphitheatre of the University Medical College, at 11 o'clock to-morrow."

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#### Inebriate Asylum at Binghamton, N. Y.

The recent laying of the corner-stone of this patriotic and philanthropic institution, with appropriate ceremonies, is an event, the importance of which cannot easily be overrated. As only the inception of the benevolent design of its founders, yet as affording promise of the early consummation so long prayed for by multitudes, whose sympathies have been awakened for the unhappy victims of intemperance, yet even this sign of progress will be hailed with enthusiasm, wherever the purposes of an Inebriate Asylum are appreciated. And to no

What with *beneficiaries, broken fées, notes never paid, and dead heads*, to be deducted from the gross aggregate of a class ; to compound at \$50, or even \$25 a piece, would be a lucky hit for many colleges we wot of, who may profit by the lesson, and no longer be taxed for incidental expenses at the close of each session, thus paying roundly for the privilege of lecturing, and the prestige of prefixing Professor to their names. Let them rather take the honor of giving "Free Medical Education," by gratuitous lecturing, and then if the students will "fork up" for incidental expenses merely, in cash, at the rate of \$50 each, they can retain their titles, and out of the surplus pay themselves better than they can hope to do under the old regime of nominal fees, which too often

"Keep the promise to the ear,  
And break it to the hope."

#### "Coming Events Cast their Shadows Before."

The following is from our London contemporary, and our readers will be prepared to respond to the wish expressed in the closing paragraph, that medical as well as academic degrees may be conferred on the meritorious and qualified students only, irrespective of the school in which or the faculty by whom they have been taught. The examinations will then no longer be a farce, when conducted before an independent Board ; and a diploma thus earned will no longer be a mere certificate that the pupil has *paid a certain amount* to his teachers, who are hence expected to endorse him as authorized and licensed to practice Medicine, Surgery and Midwifery, "in toto mundo ;" though in very many cases these newly-fledged doctors are known to be without any practical knowledge or clinical training ; and often, when they are notoriously ignorant of the orthography of their mother tongue.

It is a singular fact, that our British brethren should adopt, in the London University, the precise plan which the profession in America have been so long urging in vain upon our own colleges and schools. But we unite in the hope that a "better day is coming." Read what follows.

"*New Charter to the University of London.*—The University of London has received a new charter, which will exert a considerable influence on medical education. Candidates for degrees will not for the future be called upon for certificates as to *where* or *how* they have acquired their knowledge. They will merely have to produce testimo-

nials of age and good character to entitle them to examination, and the examination passed, the degree must be conferred. This is a great step in advance. The day may come when the same principle will be recognized in medical education, and teachers will then be stimulated to attract students by the value of their lectures, not by the facility with which they grant certificates of attendance on lectures; students are *compelled* to attend before they are admitted to examination.—*Med. Times and Gaz.*, Feb. 27, 1858.

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**Professor Martyn Paine.**

The late controversy in some of our Medical Journals, in relation to the excito-secretory nerves, and the claims to priority of discovery between Drs. Marshall Hall, Campbell, Allen and Paine, continues to be protracted in the Nashville Journal, the editor of which is fully committed to the claims of Dr. Campbell, and seems resolved to have the last word.

Dr. Paine, meanwhile, must have been gratified at the tone of the medical press towards himself personally, and in reference to his several publications, all of which have been reviewed in terms of just appreciation, and highly complimentary to their author.

We confess to no little pride and pleasure to find that our venerable and venerated fellow citizen begins at length to be estimated as his age, experience, scholarship and industry deserve; and this even by those who have been educated into medical doctrines antagonistic to those of which he is so able an expositor. His "Medical and Physiological Commentaries," "Institutes of Medicine," "Essays on Vitality and Remedial Agents," &c., constitute together a monument to the memory of the author's profound learning and signal ability of which New York and her University may well be proud. See Dr. Lee's reply to Dr. Bowling, in this number.

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**OVARIAN DROPSY.**

We have lately witnessed a fatal case of this formidable disease, in this city, which possesses some points of interest worthy to be recorded.

The patient, Mrs. Huldah Green, was a widow, fifty years of age at the time of her death. About four years since, her health beginning to fail, her physician, Dr. Miles, detected an ovarian tumor, which continued to increase slowly at first, but after a year or two developing itself with great rapidity, and terminating in dropsy; and

although she was subjected to the usual alterative and diuretic remedies, all of which held in repute, having been faithfully tried; the distension of the abdomen, by the fluid within the sac, rendered tapping imperative as early as May, 1857, when eight gallons and a half of a limpid fluid, but slightly albuminous, were obtained by the first tapping, with unspeakable relief to the patient. Very soon, however, the sac filled again, demanding a repetition of the operation; and so again and again, until the multilocular character of the tumor became well marked, and a number of additional sacs were filled, requiring separate punctures, below, above, and within the umbilicus, and afterwards laterally towards the semi-lunars, thus necessitating the use of the trocar several times, so as to afford relief to the distension. In the progress of the operations called for at longer or shorter intervals, latterly but a few days elapsing before the distension required this palliation, the character of the fluid obtained very essentially changed. At first limpid and greenish in color, it became of a consistence requiring a very large canula, being nearly of the thickness of the white of an egg. Preceding, and sometimes succeeding this thick mucilage, a thin and transparent fluid would flow sometimes to the extent of quarts, and even gallons; when again the canula would become blocked with the former thick discharge, and often varying in color and consistence, as though coming from different sacs communicating with each other. The quantity drawn at a single tapping varied from seven gallons and a half to two or three gallons, towards the termination of the case.

After several of the operations, the tincture of iodine was injected into the sac through the canula, which was sometimes plugged, and left in, while at others all the fluid was removed, and the canula suffered to remain for hours. None of these means produced any sensible irritation or inflammation of the sac or tumor, but neither did they seem to retard the disease. The later tapplings, however, yielded a purulent matter from some of the sacs, but no febrile accompaniment it until shortly before death. She was tapped by Drs. Miles, Downes, and myself, thirty-five times in all, within fifteen months, and one hundred and sixty-nine gallons were obtained in the aggregate. During the intervals Mrs. Green was able to walk about, travel long distances in railroad cars and steamboats, without much discomfort, until a few weeks before death. She was an intelligent and amiable woman, and bore her sufferings like a Christian, for such she was, living and dying.

By her explicit direction, a post mortem was made, and the able services of Dr. Gouley having been secured, we are promised a report

of the dissection. The pathological specimen is preserved in the cabinet of Bellevue Hospital

R.

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**Advertisements Extraordinary.**

A school teacher was lately advertised for in a neighboring village, with an N. B. attached, viz :

~~No~~ No dandy, wearing spectacles, carrying a sword cane, or sporting a handful of charms to his watch chain, need apply, as *that kind have been tried* already.

Since then we have had sent to us a decided improvement on the above, viz :

"WANTED, in a western town, where the people are civilized, a young physician, well qualified for *general practice* in his profession.

"~~Nota Bene.~~ *Nota Bene.*—No hirsute animal, who is disfigured by a long beard or *mustache*, need apply, as *that kind* has been tried !"

As most of our professors and elder physicians have become ashamed of these hirsute appendages, and are now cleanly shaven, their physiognomical expression being no longer concealed by a mask, we hope soon to be able to find a young doctor who is not a specialist, and is without a *yellow mustache*, to respond to the above advertisement.

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**Prolapsus of the Umbilical Cord.**

The paper of Dr. Thomas, of this city, containing his suggestions as to the management of this accident of parturition, has attracted the attention of the profession at home and abroad, as we predicted it would. Dr. Mendenhall, of the Cincinnati *Lancet and Observer*, reports an instance of his success in a recent case, and awards due credit to Dr. Thomas, to whom he acknowledges his indebtedness.

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**Sub-Nitrate of Bismuth—contains Arsenic !**

This valuable remedy, so long employed, and more frequently prescribed of late than ever before, has never been suspected as at all hazardous, and is hence given freely, even in diseases of the stomach. Professor Rodgers, of Philadelphia, has recently announced the appalling fact, that he has proved by analysis, that out of ten samples of this drug, obtained from as many different sources, eight of them contained *arsenic* ! The importance of the chemical purity of the bismuth, hereafter used in practice, and especially that arsenic is not concealed in it, will be apparent to every practitioner.



This discovery of Prof. Rodgers has already resulted in the acquittal of a prisoner, on trial for suspected poisoning with arsenic, and in which this metal had been found in the tissues of the deceased by the post mortem. It being proved that the patient had taken the sub-nitrate of bismuth among his medicines, the medico-legal evidence of Dr. R. acquitted the prisoner. May not this have a bearing upon a case now before our New York courts?

#### Transylvania University.

In our enumeration of the Medical Colleges, made in the October number, we most strangely omitted this oldest school of the West, located at Lexington, Ky. We thank our friend Dr. Chipley for correcting our error, from whom we learn that for nearly forty years a full course has been given by the medical department of Transylvania University annually, and, for a part of the time, both in summer and winter. The next regular winter course begins on the first Monday in November, 1858.

#### Missing Exchanges.

The 2nd number of the N. C. Medical Journal has been received, but the 1st number has not reached us.

The following have not been received at all, viz :

The Monthly Record of Medicine, &c., of Nashville.

The Maine Medical and Surgical Reporter.

The California Medical Journal.

Only one number of the N. O. Medical News and Hospital Reporter has reached us the past year. What has become of the Savannah Medical Journal?

Will our confreres oblige by mailing to the editor, or "American Medical Gazette, New York."

The Committee of the Senate of New York, on the sanitary condition of the city of New York, have held a protracted session recently, to which numerous medical men have been invited to give testimony on the following points, viz.:

1st. Do you regard the condition of the health of this city as inferior to that of other large cities in this country or in Europe?

2d. Are you prepared to assign reasons and causes, and give authorities for your opinions on this subject?

3d. Are you prepared to suggest remedies for existing evils in connection with the public health?

It is impossible to over-estimate the importance of the interests confided to this Committee, and we are happy to learn that they are justly appreciated by the Committee, who have entered upon their duties with becoming zeal and a systematic plan of procedure, which augurs that their forthcoming report may lead to enlightened reform, and to new legislation in accordance with the present advanced state of sanitary science. We trust that all our physicians who have made public hygiene and medical police their study, will aid the Committee in their arduous and useful labors. For we are persuaded that the City of New York ought to be, and may be made, the most healthy city on the globe, when the laws of health and life are understood by the public authorities, and committed to an exclusive medical police, with ample powers to detect and remove the causes which endanger public health, and multiply our excessive mortality.

#### THE ANNIVERSARY DINNER

of the New York Society for the Relief of Widows and Orphans of Medical Men, will take place this year at the Astor House, on Tuesday, November 16th, at 7 o'clock.

Drs. S. C. Foster, S. T. Hubbard, J. R. Vankleeck, C. D. Smith, T. M. Markoe, J. W. Corson, and G. F. Woodward are the Stewards, from whom tickets may be procured by all who wish to participate in this social reunion, which, on former occasions, has been a season of much interest, and a source of substantial pecuniary benefit to the permanent fund of this charity.

#### Professor Doremus

has made an analysis of the entire body of a human female, disinterred a year after burial, and detected in the tissues quantities of arsenic, sufficient to have produced death. Upon this testimony the Coroner's Jury have returned a verdict of wilful murder against her husband, and he is fully committed for trial. Should he be convicted, this case will be one of the most extraordinary on record, showing that chemistry can detect a poisonous metal in the decomposed and putrified flesh and bones, even after a whole year has elapsed, and when the murderer would have escaped but for the developments of this science.

Dr. Doremus, and his assistants, Drs. Budd and —, have been a whole month, by day and night, performing this revolting task for this medico-legal inquiry; and the accuracy and caution with which his elaborate and complicated processes have been conducted, as set forth in his detailed report, cannot fail to place him in the front rank of the department of analytical chemistry.

## BOOK NOTICES.

**A SYSTEM OF HUMAN ANATOMY, GENERAL AND SPECIAL.** By ERASMUS WILSON, F. R. S. A new and improved, from an enlarged London edition. Edited by Wm. H. Gobrecht, M. D., Professor of Anatomy in the Philadelphia College of Medicine, &c.

This new edition of the standard work of Wilson on Anatomy will be found not only greatly enlarged but substantially improved, not only by the learned author added materially by the eminent Prof. Retzius, of Stockholm, but by the labors of the American editor, Prof. Gobrecht. The latter gentleman has an introductory chapter on Stenology and Histology, which is a valuable prefix to the work and throughout the volume his annotations will be found to possess both novelty and merit. Of the 397 illustrations on wood, one hundred and thirty have been super-added to this edition, and all are beautifully engraved. The style and finish of the book are super-excellent. We cordially commend it to the profession in its present form, although we could wish it printed in a larger type, even at the expense of being increased in size. It is issued from the well known press of Blanchard & Lea, of Philadelphia.

**DISEASES OF THE URINARY ORGANS.** A Compendium of their Diagnosis, Pathology and Treatment. By Wm. Wallace Morland, M. D. &c. With illustrations. Philadelphia: Blanchard & Lea. 1858.

This new work, by our Boston confrere, embodies his two Boylston Prize Essays for 1856-7 with his latest emendations, notes, and illustrations. They have been most favorably received by the profession, and the present complete volume cannot fail to enhance the author's reputation in this important department, to which he has brought signal learning and ability. The voluminous appendix enhances the value of the work. We are glad to hail an American monograph on a topic which possesses so much interest to the profession, and one which cannot fail to attract the scrutiny of our transatlantic brethren, and will not suffer by a comparison of its merits with their best writers. It makes an elegant octavo volume, of 600 pages, and is gotten up in the best style of the publishers.

**LECTURES ON THE PRINCIPLES AND PRACTICE OF PHYSIC,** delivered at King's College, London. By THOS. WATSON, M. D. &c. A new American, from the last revised and enlarged English edition with additions, by D. Francis Condie, M. D., with 165 wood engravings. Philadelphia: Blanchard & Lea. 1858.

It is now about 15 years since the first edition of Watson's Practice appeared in London, and soon after was reprinted in America. Its reception and popularity in this country have established it as a standard authority in all our schools, and deservedly so, for it exceeds in intrinsic merit and practical value to students and practitioners any other which has ever appeared either before or since. Later works have shone only by borrowed light reflected from the pages of Watson, who is still without a rival as a teacher and practitioner; so that the opinion has become general that no other book on Practice is needed. This opinion will become universal, now that the author has revised the whole in the light of all the revelations which modern innovators have exhibited at home and abroad; and Dr. Condie, of Philadelphia has Americanized the teach-

ings of the volume, by super-adding whatever of novelty or practical utility has suggested itself to his ample observation and experience.

We commend this able work to all those practitioners of our own country who have been mystified by the recent cant in relation to "self limited diseases," "innocent medication," "anti-mercerial," "anti bloodletting," and other slang phrases, employed by those who pander to popular ignorance, or cater to infinitesimal quackery. Dr. Watson ignores all such nonsense of the modern school of writers in the medical press, and gives no quarter to the chemical or metaphysical theories of novices, in application to the practice of the healing art. He believes that which he teaches, from personal knowledge, and individual experience, in an ample field of practice. Hence while he recognizes the *vis medicatrix nature* as a legitimate subject for medical theorizing, and discriminates justly between nature and art in the cure of disease, yet he sees in scientific deduction that nature often needs either a bridle or a spur, which it is the province of the physician to apply, and which none but he who is thoroughly furnished can safely do.

We have looked over the improvements and additions made by the author in this revised edition, as well as those of the American editor, and we cannot refrain from expressing the judgment that the value of the work has been greatly enhanced, and this without materially augmenting its size. It now forms a royal octavo of over 1200 pages, and the typography and binding are excellent, while the worthy publishers place this new edition at a price less than half that for which an English copy can be procured. All who have appreciated the former edition of 1843, and there has been none since, will make haste to add this to their libraries.

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## AMERICAN MEDICAL GAZETTE ADVERTISER.

SHELBY MEDICAL COLLEGE,  
NASHVILLE, TENNESSEE.

SESSION OF 1858-9.

The First Regular Course of Lectures in this Institution will commence on Monday, the first of November 1858, and will continue to the 1st of March ensuing.  
The Preliminary Course of Lectures free to all students, will be given during the month of October.

## FACULTY

|                                                                                       |                                                                                        |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| THOMAS L. MADDIN, M.D., Professor of Anatomy (Descriptive, Histological and Surgical) | RICHARD O. CARRICK, M.D., Professor of Medical Jurisprudence and Medical Jurisprudence |
| JOHN FREDERICK MAY, M.D., Professor of Principles and Practice of Surgery             | E. B. HASKIN, M.D., Professor of Theory and Practice of Medicine                       |
| DANIEL E. WRIGHT, M.D., Professor of Physiology and Pathology                         | JOHN P. FORD, M.D., Professor of Obstetrics and Diseases of Women and Children         |
| JOHN H. CATTELLER, M.D., Professor of Materia Medica and Therapeutics                 | H. M. COMPTON, M.D., Demonstrator of Anatomy                                           |

The City Hospital is upon the premises of the College and under control of the Faculty at which operations are performed and cases prescribed for in the presence of the class, and Clinical Lectures delivered.

Amount of fees for Lectures \$105, Matriculation Fee, paid once, \$5. Demonstrator's Fee, required but once \$10. Graduation fee \$25.

Excellent Boarding can be obtained for \$1.50 to \$4 per week.

For further details or announcements, apply to

**JOHN P. FORD, M.D., Dean of the Faculty.**

## NEW YORK MEDICAL COLLEGE.

The Annual Course of Lectures will commence on Tuesday, October 20th, 1858, and close in the first week in March 1859. The preliminary course will continue from September 20th, till the regular course begins.

HORACE GREEN, M.D., LL.D., President of the Faculty and Emeritus Professor of Theory and Practice of Medicine and Professor of Diseases of the Respiratory Organs. No 12 Clinton Place.

IRVING HAMILTON LAVIS, M.D., Professor of Materia Medica and Therapeutics. No 324 Fourth Avenue.

B. FREDRICK BAUKER, M.D., Professor of Obstetrics and Diseases of Women and Children. No 70 Union Place.

R. OLSEN JORCKMEYER, M.D., Professor of Chem-

istry and Medical Jurisprudence. No 70 Union Place.

J. M. CARNOTIAN, M.D., Professor of the Principles and Operations of Surgery with Surgical Pathology. No 45 Lafayette Place.

EDWARD R. PEASE, M.D., Professor of Physiology and General Pathology. No 30 Clinton Place.

HENRY G. COX, M.D., Professor of Theory and Practice of Medicine and of Clinical Medicine. No 534 Houston Street.

TIMOTHY CHILDS, M.D., Professor of General, Descriptive and Microscopic Anatomy.

FEES: For the regular Course, \$105. Matriculation \$5. Dissecting Ticket \$5. Graduation, \$30.

There are four weekly Cliniques at the College. Admittance to the Hospitals free.  
For particulars in regard to Boarding Houses, &c. apply to the Janitor, Mr. Paterson, at the College. No 90 East Thirteenth Street.

New York August 1858.

**R. O. DOREMUS, Dean.**

## NEW YORK OPHTHALMIC SCHOOL.

The undersigned will give his SEVENTH Course of Lectures on OPERATIVE OPHTHALMIC SURGERY, during the Winter of 1858 and '59, at the New York Ophthalmic Hospital, No. 6 Stuyvesant Place, near corner of Third Avenue and Ninth Street.

Clinical Instruction will be given three times a week by Drs. Stephenson and Garrison, the Attending Surgeons.

Tickets can be obtained of Dr. Stephenson, at his residence, 194 Fifth Avenue, corner 25th Street, or at the Institution.

**MARK STEPHENSON, M.D.**

New York, Sept. 1st, 1858.

## PENNSYLVANIA COLLEGE.

Medical Department. Session of 1858-9.

### FACULTY

|                                                                               |                                                                 |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------|
| DAVID GILBERT M.D. Professor of Obstetrics and Diseases of Women and Children | J. BY B. BRIDLE M.D., Professor Therapeutics and Materia Medica |
| ALFRED SMITH M.D. Professor of the Theory and Practice of Medicine            | FRANCIS G. SMITH M.D., Professor Institutes of Medicine         |
| JOHN NEILL M.D., Professor of Principles and Practice of Surgery              | J. H. B. McFILLIAN M.D., Professor Special and Surgical Anatomy |
| JOHN J. KARSK. Professor Medical Chemistry                                    | J. FRANK BRILL M.D. Demonstrator of Anatomy                     |

The Session of 1858-9 will commence on Monday, 11th of October and continue without intermission, until the 1st of March. The examination of candidates for the Degree of Doctor of Medicine will be held at the close of the Session. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Students as possible, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation on the first of July, the Degree in such cases being conferred at the ensuing Commencement in March.

The Professor of Practical Anatomy will be in attendance in September. Clinical instruction at the College Hospital and adjoining the College will be given on every Wednesday and Saturday throughout the session.

The Register of Matriculants will be open in the College Building early in September. The Junior will always be present at the College to give every necessary assistance and information (as regards board &c.) to students on their arrival in the city.

|                                       |         |
|---------------------------------------|---------|
| FEES.—Matriculation (paid once only), | \$ 5 00 |
| For each Professor's Ticket . . . . . | 50      |
| Graduate . . . . .                    | 50 00   |

FRANCIS G. SMITH, M.D., Registrar,

July 1858

No. 1504 Walnut above 15th Street.

## NEW ORLEANS SCHOOL OF MEDICINE,

Situated on Common Street, opposite Charity Hospital.

The Regular Course of Lectures in this Institution will commence on MONDAY, the 15th of NOVEMBER 1858, and continue twenty weeks.

### FACULTY

|                                                                                |                                                                          |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| ERASMUS D. FENNER M.D., Professor of Theory and Practice of Medicine           | ISAAC L. CRAWFORD M.D., Professor of Chemistry and Medical Jurisprudence |
| ANTHONY A. PENNINGTON M.D., Professor of Physiology                            | HOWARD SMITH M.D., Professor of Materia Medica and Therapeutics          |
| ALFRED E. FLINT M.D. Prof. of Clin. Med. and Auscultation and Percussion       | J. H. M. W. PIERCE M.D., Professor of Diseases of Women and Children     |
| THOMAS LYNNSTON M.D. Emeritus Prof. Clin. Med. and Auscultation and Percussion | WILLIAM B. BIRCHALL M.D. Prof. of Obstetrics                             |
| SAMUEL MORRIS M.D., Professor of Surgery                                       | CYPRIANUS C. BEARD M.D., Prof. of Anatomy                                |
|                                                                                | J. F. GRALL M.D. Demonstrator of Anatomy                                 |

The Dissecting Rooms will be opened on the 15th of October. Clinical instruction will be given daily in the wards of the Charity Hospital, six or three times a week at the College Dispensary, where the patients number about one hundred a week.

The College is located within thirty steps of the Charity Hospital, an advantage not possessed by any other in this country.

The Faculty of this Institution are amongst the duly elected Visiting Physicians and Surgeons of the Charity Hospital, and according to a late Act of the State Legislature, and at all times have free access to the Hospital for the purpose of affording to their Pupils practical illustration of the subjects they teach.

The Board of Administrators elect annually, in April twelve Resident Students who are furnished board and lodging in the Hospital, and the Students of this School are equally eligible to this place with any others.

The great aim of this Institution is, not only to thoroughly indoctrinate the Student of Medicine in the fundamental principles of Medicine by abstract Lectures, but by arranging him daily at the beds of the sick man, to send him forth at once qualified to recognize and to treat disease. For this great purpose, the Charity Hospital situated at our very doors affords opportunities unequalled in this country. The distinguished authority of Prof. A. Flint, both as a lecturer and writer on Clinical Medicine, will here find an admirable field for display.

Dissecting material, abundant in New Orleans, and Practical Anatomy will be thoroughly taught. Besides spacious well ventilated and well lighted Dissecting Rooms for the use of Students, a large and well arranged Private Dissecting Room is fitted up for the especial use of practitioners who matriculate in this Institution.

The Professors will take pleasure in aiding the Students to procure cheap and comfortable board and lodging.

Amount of fees for the full Course of Lectures, \$108. Matriculation fee, (paid but once) \$5, Dissecting fee \$10. Graduation fee \$25.

For any further information, address,

**E. D. FENNER, M.D., Dean of the Faculty,**

NEW ORLEANS, June, 1858

No. 5 Carondelet Street.



## ALBANY MEDICAL COLLEGE.

**T**wo full Courses of Lectures are delivered annually. The Fall Course commences on the first Tuesday in September, and the Spring Course on the third Tuesday in February. Each Course continuing sixteen weeks. Degrees are conferred at the close of each term.

ALDEN MARCH, M. D., Professor of Surgery.  
JAMES MCNAUGHTON, M. D., Prof. of the Theory and Practice of Medicine.  
JAMES H. ARMSBY, M. D., Professor of Anatomy  
THOMAS HUN, M. D., Prof. of the Institutes of Medicine.

AMOS DEAN, Esq., Prof. of Med. Jurisprudence.  
HOWARD TOWNSEND, M. D., Prof. of Materia Medica.  
CHARLES H. PORTER, M. D., Prof. of Chemistry and Pharmacy.  
J. V. P. QUACKENBUSH, M. D., Prof. of Obstetrics.

Fees for a single course, \$60; for two courses paid in advance, \$100. Matriculation fee, \$5 Graduation fee, \$20.

Material for dissection abundant, and furnished to students on the same terms as in New York and Philadelphia. Hospital Tickets free. Opportunities for Clinical instruction are believed to be equal to those afforded by any College in the country. Price of Board from \$2,50 to \$3,50 per week.

**JOHN V. P. QUACKENBUSH, Registrar.**

## UNIVERSITY OF NASHVILLE.

**M**edical Department.—Session 1857-58.—The Seventh Annual Course of Lectures in this Institution will commence on Monday, the 2d of November next, and continue till the first of the ensuing March.

THOMAS R. JENNINGS, M. D., Professor of Anatomy.

J. BERRIEN LINDSLEY, M. D., Chemistry and Pharmacy.

C. K. WINSTON, M. D., Materia Medica and Medical Jurisprudence.

A. H. BUCHANAN, M. D., Surgical Anatomy and Physiology.

JOHN M. WATSON, M. D., Obstetrics and the Diseases of Women and Children.

PAUL F. EVE, M. D., Prof. of Prin. and Prac. of Surgery.

W. K. BOWLING, M. D., Institutes and Practice of Medicine.

WILLIAM T. BRIGGS, M. D., Adjunct Professor and Demonstrator of Anatomy.

The Anatomical rooms will be opened for students on the first Monday of October, (the 5th.)

A Preliminary Course of Lectures, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

The Tennessee State Hospital, under the direction of the Faculty, is open to the Class free of charge.

A Clinique has been established, in connection with the University, at which operations are performed and cases prescribed for and lectured upon in the presence of the class.

Amount of Fees for Lectures is \$105; Matriculation Fee, (paid once only,) \$5; Practical Anatomy, \$10; Graduation fee, \$25.

Good boarding can be procured for \$3 to \$4 per week. For further information or Catalogue, apply to

**PAUL F. EVE, M. D.,**

NASHVILLE, TENN., July 16, 1857.

*Dean of the Faculty.*

## CASTLETON MEDICAL COLLEGE.

**T**here are two full Courses of Lectures annually in Castleton Medical College. The SPRING SESSION commencing on the last Thursday in February; the AUTUMNAL SESSION on the first Thursday in August. Each Course will continue four months. Degrees are conferred at the close of each term.

WM. P. SKYMOUR, M. D., Prof. of Materia Medica and Therapeutics.

WILLIAM SWEETSER, M. D., Prof. of Theory and Practice of Medicine.

E. R. SANBORN, M. D., Prof. of Surgery.

WM. C. KITTRIDGE, A. M., Prof. of Med. Jurisp.

CORYDON LA FORD, M. D., Prof. of Anatomy.

P. D. BRADFORD, M. D., Prof. of Phys. & Pathol.

GEORGE HADLEY, M. D., Prof. of Chemistry and Natural History.

ADRIAN T. WOODWARD, M. D., Prof. of Obstetrics.

**FEES.**—For Lectures, \$50; for those who have attended two Courses at other Colleges, \$10. Matriculation, \$5; Graduation, \$16; Board from \$2.00 to \$2.50 per week.

**A. T. WOODWARD, M. D., Registrar.**

CASTLETON, VT., June, 1856.

## ATLANTA MEDICAL COLLEGE.

The Fourth Course of Lectures in this Institution will commence on the first MONDAY in MAY next, and continue four months.

### FACULTY

|                                                                                |                                                                             |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| H. W. BROWN, M.D., Prof. of Anatomy                                            | ALEXANDER MEANS, M.D., Prof. of Chemistry and Pharmacy                      |
| JOHN W. JONES, M.D., Prof. of Principles and Practice of Medicine              | JOSEPH L. LOGAN, M.D., Prof. of Physiology and General Pathology            |
| W. F. WESTMORELAND, M.D., Prof. of Principles and Practice of Surgery          | J. G. WESTMORELAND, M.D., Prof. of Materia Medica and Medical Jurisprudence |
| THOMAS F. POWELL, M.D., Prof. of Obstetrics and Diseases of Women and Children | T. C. H. WILSON, M.D., Demonstrator of Anatomy                              |

**FEES**—For the Course of Lectures \$1.05 Matriculation (once only) \$3.00 Dissecting Ticket, (taken once) \$1.00 Graduation \$25.00

The increased facilities in the Departments of Anatomy, Surgery and Chemistry, afforded by ample and well adapted rooms in the new College Building, make these branches of study much more interesting than before.

The Dissecting Room is situated in the upper story of the building and furnished with skylight, will be opened and supplied with sound and offensive subjects by the 15th of April.

Good board can be had at \$3.00 to \$4.00 per week.

For further information, address

**J. G. WESTMORELAND, Dean.**

ATLANTA, Geo. Feb. 8 1885

## Contributions to Operative Surgery & Surgical Pathology, By J. M. CARNOCHAN.

Professor of Surgery in the New York Medical College. Surgeon-in-chief to the State Hospital, &c.

This work will be published in a series of Numbers, to be issued quarterly. Each Number, of quarto size, will contain from Forty to Sixty Pages of Letter press, printed on the best paper, with Illustrations of the Cases drawn from nature; will be complete in the topics it embraces; and will be published in the following order.

### No. 1.

Case of Amputation of the Entire Lower Jaw. Remarks on Amputation of the Lower Jaw. Elephantiasis Arabum successfully treated by Ligature of the Femoral Artery, with cases.

### No. 2.

Case of Excision of the Entire Ulna. Remarks on Neuralgia with Three Cases successfully treated by Excision of the Second Branch of the Fifth Pair of Nerves, beyond the Ganglion of Meckel.

### No. 3.

Case of Restoration of the Entire Upper Lip. Remarks on the Pathology of Congenital Dislocations of the Hip Joint, with Illustrations.

### No. 4.

Case of Excision of the Entire Radius. Case of Excision of the Three Lower Fourths of the same Bone. Remarks on Osteo-aneurism, with a Case.

### No. 5.

Case of Amputation at the Shoulder Joint for the Removal of a large Osteo-fibro-Cancerous Tumor of the Humerus, with Remarks on Amputation at this Joint. Case of Penetrating Gun-shot Wound of the Heart.

### No. 6.

Case of Double Congenital Dislocation of the Hip Joint. Remarks on Double Capital Operations, with Cases. Remarks on the Comparative Merits of the Partial Amputations of the Foot. Remarks on Amputation through the Ankle Joint.

### No. 7.

Successful removal of a large Fibro-cartilaginous Tumor, growing from the Sixth and Seventh Ribs, over the Region of the Heart. Remarks on the Treatment of Varicose Veins of the Lower Extremities, with Cases. Remarks on the

Creation of an Artificial Joint upon the Lower Jaw, in case of complete Anchylosis at the Temporo-maxillary Articulation of One Side.

**No. 8.**

Remarks on the Operation of Double Complicated Hare Lip, with Cases. Remarks on the Etiology of Congenital Dislocations of the Hip Joint. Remarks on the Removal of the First Dressings after Capital Amputations.

**No. 9.**

Case of Encysted Sanguineous Tumor of the Neck successfully removed, with Remarks on such Formations. Remarks on the Purulent Ophthalmia of large and crowded Institutions. Case of Vesico-vaginal Fistula and Stricture of the Vagina, with Formation of Two Large Urinary Calculi in the Vagina, behind the Stricture. Spontaneous Cure of the Fistula.

**No. 10.**

Two Cases of Amputation at the Hip Joint. Remarks on the Anatomy of Femoral Hernia. Case of Epilepsy treated by Tracheotomy, and wearing of a Tracheal Tube, with Remarks. Remarks on the Restoration of the Entire Lower Lip, with Cases. Cases of Amaurosis treated with the Pomade de Goudret on the Sinciput.

These Numbers are in course of preparation, and will form one Complete Volume, the First of a Series. The First Number will appear in March, 1858.

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## Q U E R U ' S C O D L I V E R O I L J E L L Y ,

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An experience of two years has demonstrated that my mode of Jellyfying Cod Liver Oil is not only a most certain improvement, inasmuch as it enables any one to take the remedy without feeling the nauseous taste, which cannot be avoided by the use of the crude oil—that it does not produce vomitings or laxation, as the oil too often does—but likewise, that it increases the action of the oil to such an extent that a teaspoonful of my Jelly is declared by all Physicians who have prescribed it, to be as operative as a table-spoonful of the liquid oil.

I prepare two sorts of Cod Liver Oil Jelly—one sort with the Bergen or Norway Cod Liver Oil, which I consider to be the only medicinal oil—and another with the white Newfoundland or American Oil. This latter sort can be masticated a pleasant taste will be found to it, and should be used in the *only cases* when the patient cannot swallow as directed for the Norway sort, or to prepare the taste and stomach of the patient to the use of my Norway or medicinal Cod Liver Oil Jelly.

My pamphlet explaining the difference of medicinal properties as regard to the different sorts of Cod Liver Oil with comparative analysis, will be sent free to any physician or patient who may ask for it.

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**135 Fourth Avenue, N. Y.**

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IN MICROSCOPIC ANATOMY  
AND THE USE OF THE MICROSCOPE.**

The undersigned will deliver a Private Course "ON MICROSCOPIC ANATOMY AND THE USE OF THE MICROSCOPE," at Bellevue Hospital. Its practical application to the study of healthy and diseased tissues, and of the diagnosis of disease, will be thoroughly demonstrated. The Lessons will be fully illustrated by several excellent Microscopes, and a great number of transparent, opaque and injected specimens of the various tissues and organs.

The Course is designed for practitioners as well as for students of medicine, and will consist of Twelve Lessons, three to be given each week. Ticket, \$10.

J. W. S. GURLEY, M.D.

72 East Fourteenth Street.

**REFERENCES.**

Prof. A. Clark, M.D.,

" J. T. Metcalfe, M.D.,

" B. F. Barker, M.D.,

Geo. T. Elliot, Jr., M.D.,

James R. Wood, M.D.

Prof. W. H. Van Buren, M.D.,

" C. R. Graham, M.D.,

C. E. Isaacs, M.D.

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This powerful and restorative general Tonic is composed of

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February, 1848.



# AMERICAN MEDICAL GAZETTE.

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## ORIGINAL DEPARTMENT.

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**Observations on the Identity of Erysipelas and Puerperal Fever—  
Diffuse Inflammation consequent on Erysipelas—Poisoning of the  
Blood after Parturition.**

By JOHN O'REILLY, M.D.,

Licentiate and Fellow of the Royal College of Surgeons in Ireland, Resident Fellow  
of the New York Academy of Medicine.

Having listened with attention, as well as advantage, to Professor J. M. Smith's able, profound, and learned Essay on Puerperal Fever, at the New York Academy of Medicine, as well as the original views of the highly distinguished Professor Alonzo Clark, on the same subject, and the eloquent, clear, and sound doctrine announced by the accomplished Professor Barker, in the discussion which subsequently ensued, I trust I will not be deemed presumptuous in attempting to elucidate some points relative to this dreadful affection. I do not propose to advance any original information; I merely desire to examine some of the various opinions promulgated by others, and arrive at my own conclusions.

It is a well-ascertained fact, that when erysipelas is prevalent, puerperal fever victimizes women recently delivered.

No surgeon will perform an operation, if he can make a choice of the time, when erysipelas is epidemic; he procrastinates in order to preserve his patient from the complication likely to succeed.

Obstetricians, however, cannot calculate on delay. Pregnant women will bring forth, when the proper time arrives for the uterus to send into the world a new being. It is obvious, therefore, that

substances, being extraneous, undergo the process of decomposition, and partake of the character of dead animal matter? Is not the interior of the uterus, when seized with erysipelas, precisely placed in the same predicament as the hand of the operator in making a *post-mortem* examination?

In the natural state of things, the orifices of the lymphatics become closed, and coagulated blood fills the mouths of the veins; the ingress of the animal poison is thus prohibited from entering the circulation. However, when the interior of the uterus is in a state of erysipelatous inflammation, the lymphatics, as well as the veins, come within its influence; the erysipelas extends into them, the animal poison in which the uterus is bathed finds easy access into the uterine vessels, and thus into the general circulation, leading to the purulent deposits, as occurs in the case of the dissecting wound.

Prof. Clark maintains that puerperal fever is a consequence of endometritis. Dr. Robert Lee, that it owes its origin to uterine phlebitis with purulent absorption. Now if their theory held good, parturient women would be equally susceptible of taking the disease at all periods of the year. However, experience and observation contradict and declare these *dicta* to be untenable.

The ingenious explanation given by Prof. Clark as to the connection between the pus found in the ulcerated surface of the interior of the uterus and in the uterine veins, as well as the presence of pus in other organs, such as the liver, contrasted with the cases alluded to by Prof. Simpson, when no trace of inflammation in the interior of the uterus or its appendages could be detected, appears very inexplicable. How is the difference between such eminent men to be reconciled? Each party has undoubtedly recorded the truth. As there are varieties of erysipelas on the external surface of the body depending on circumstances it would be superfluous to enumerate, the same influences it will be conceded prevail where the interior of the uterus is engaged. In the cases Prof. Clark examined, the erysipelas may have been of a phlegmonoid character, whereas those that Prof. Simpson directed attention to, may have come under, the class of simple erysipelas. Pus is found in the cellular tissue in the former, none in the latter. But is the poison more virulent in one case than the other? The answer should be, that the forms of erysipelas do not change the constituents of the animal poison, and that the smallest portion of the latter is capable of producing the most disastrous consequences.

badly ventilated public institutions. Thus the poison in some instances may be so intense as to poison the surface of a fresh wound, inducing hospital gangrene; and in the case of lying-in women enter into combination with the blood in the mouths of the blood vessels, thus destroying the whole mass of the *blood* in the body, by continuous sympathy through its effect on the nervous system; or again, by inhalation, prostrate others by low forms of typhus fever.

As to the treatment it is well to observe, that diseases caused by a zymotic poison go through a certain course before their progress becomes arrested. The doctrine inculcated by Hippocrates with respect to critical days in fever, I am convinced is founded in fact. The medical man must be content to watch, guide and assist nature to throw off the distemper; he has a confident assurance that if he can keep his patient alive for a given period, that the *vis medicatrix naturæ* will come to his relief. In this manner might be explained the success of Prof. Clark in the treatment of puerperal fever, by large doses of opium; and Prof. Barker, by the administration of the *veratrum viride*. The patients were kept alive until the poison was eliminated from the system.

Dr. Gardner briefly but ably pointed out the utility of calomel and turpentine in puerperal fever (C.) in a paper read before the Academy.

Now, assuming the patient recovers under the influence of the mercury, does it prove the complete efficiency of the medicine? Certainly not. This reminds me of what an old and highly respected physician told me some years ago about the treatment of typhus fever: he declared he never lost a patient in typhus fever—he could succeed in salivating; now, his success was not attributable to the action of the mineral, but to the subsidence of the fever; therefore, as long as the fever continued the patient could not be salivated, but as soon as the *materies morbi* died away the mercury exhibited its specific agency. The analogy in the treatment of typhus and puerperal fever is equally true—as long as the poison exercises a morbid influence, the patient cannot be restored to health. The fact of the patient convalescing under the influence of mercury, merely shows the poison has lost its pernicious qualities.

The treatment of traumatic and idiopathic peritonitis is quite different from that resulting from erysipelas; the former can be cut short

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(C.) The late Dr. Brennan, of Dublin, placed great reliance on turpentine in the treatment of puerperal peritonitis.

attendance upon the instructions in the Medical Department of the University, it may not be difficult for you to believe us when we say, that it has been the constant aim of those connected with the Institution to elevate, as fast and as far as possible, the standard of Preliminary and Medical Education within it.

It has ever been the rule of the College—and a rule *adhered to*—that candidates for graduation should not only present evidences of good moral character; but “also such literary attainments as have been recommended by the American Medical Association, viz: “a good English education; the knowledge of Natural Philosophy; the Elementary Mathematical Sciences, and such an acquaintance with the Ancient Languages as will enable the student to appreciate the technical language of medicine, and read and write prescriptions.”

It has further been required, that each candidate for graduation should, during his last course of lectures, write and publicly read and defend, a Medical Essay, before each member of the Faculty, on some subject pertaining to the department of the particular Professor, besides a final Thesis, which last is presented to the whole Faculty, and is subjected to the same ordeal of public examination and criticism. These severe tests of intelligence and scholarship, which have ever kept the graduating class small, in proportion to the number in attendance upon the lectures, it has been judged unadvisable to apply to the student of the first year; the Faculty thinking it best, under the circumstances which have existed, to require these evidences of general knowledge after full notice, and during the last year, when the student was actually applying for the honors of the Institution, and to be admitted into the ranks of the profession.

To show other efforts made at advancement, we may further state, that the summer Clinical Course, to which you referred, has been established in Detroit, and during its continuance the past two summers one of the undersigned has devoted his whole time and energies, (favored by the co-operation of Prof. Pitcher, having in charge the hospitals,) in the lecture room, at the bedside and in the dead-house, to what by good judges has been regarded as true clinical instruction; while at the seat of the University the best appointed Chemical Laboratory in this country has been in successful operation for nine months of the year, where two Professors have been engaged for five days in the week, giving instruction to classes, numbering about thirty, in practical manipulations in Chemistry and Pharmacy.

Under this state of things, at the close of a long report from a

a knowledge of Botany, Zoology, Mineralogy, and the whole range of the Natural Sciences, all of which are so directly accessory to medical science, as well as important in furnishing discipline, and giving a scientific cast to the mind. But while admitting the usefulness of such knowledge of Latin in common with, though to a less degree, than many of the subjects above named, its absolute *necessity* to a medical man, even of the highest character, (and the resolution implies its necessity to all medical men,) may possibly admit of a difference of opinion, yet almost all physicians everywhere will say, that it is not thus necessary; and we confess that, after no little observation, experience and reflection, this is the conclusion to which we have come. A superficial knowledge of Latin can be of little use as a means of mental discipline; and it is a subject of very serious question whether the long course of study necessary to master it, may not, in a large number of cases, be very much more profitably devoted to other mental acquirements.

There are other reasons, of a special and local character, why it is thought that the passage of such a resolution by the Board of Regents would be improper. The sentiments against the *necessity* of the dead languages, and in favor, as substitutes, of a thorough study of our own language and literature—of the modern European tongues, the mathematics, and especially the *natural sciences* and philosophy, as means, at once, of mental discipline, and of storing the mind with useful knowledge, has become so potent among us, that, in obedience to the popular demand, a “*scientific course*” has been established in the University, from which Latin and Greek are excluded.

In deference to the same popular demand, another institution of learning has been established and is supported by the State, taking the name of the “Michigan Agricultural College,” where a four years’ course of study is pursued, combining each day’s study with three hours of manual labor; thus endeavoring to develop symmetrically the body and the mind, and placing within the reach of those of moderate means facilities for the acquisition of knowledge; and in this institution, where many of our young men of talent and energy are resorting, the dead languages are excluded.

The State Normal School, a most flourishing institution, where many of the young men of the state receive an education fitting them for various positions in life, as well as for teaching, grants its diplomas to those not having a knowledge of the ancient languages; and our state system of union schools, where a very high degree of mental discipline

comparatively too far while *all* around us lag behind; we might be thought to set a good example; might indeed receive the crown of martyrdom; but none would follow that example, while in our own deserted halls the truths of legitimate medicine would cease to be heard. Our rivals and enemies would rejoice; the various forms of quackery would be jubilant; and the funds now applied for as thorough an education of medical men for the State as can at present be effected, would be appropriated to other purposes; while the cause of improved medical education would, instead of being advanced, so far as our influence might go, experience a reverse. These are the unanimous opinions of those upon the ground engaged in the work. None of our zeal for the advancement of medical education is lost: our opposition to quackery has not abated. Though not as openly menaced with destructive interferences as a few years ago, we are still firm upon our guard; jealous of our cherished Institution; and ready to resist, come in what form it may, anything which threatens its existence or stability; while we hope to be equally ready to adopt any real improvements which are feasible and just, and to which the profession and people would be willing to submit.

Yours, &c.,

A. B. PALMER,  
ABM. SAGER.

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### SPONTANEOUS LUXATIONS.

“Diseases which destroy the cartilages, ligaments and articular cavities of the bone, may give rise to a dislocation. The knee is sometimes, but not frequently, partially luxated, in consequence of a white-swelling; (we have a case of this kind under treatment at the present time.—G. B.;) the thigh is often luxated in consequence of the acetabulum and ligaments being destroyed by disease. Such dislocations are termed *spontaneous*.” (Cooper’s Surgical Dictionary, p. 379.)

We have copied the above in order to show what is meant by the term “Spontaneous Luxation,” as described by authors, and to say that we use the term in a somewhat different sense. The term *disease*, as here described and as taught in our colleges, means inflammatory action, either in its acute or in its chronic form. It is true that, among the predisposing causes of luxations, that “looseness of the ligaments” is admitted as one. But that there is such a thing as spontaneous luxation, without active disease affecting the integrity of the joints, has not, we believe, been admitted to exist, except in utero.



Case 3. An active boy of four years was observed, by an intelligent and careful mother, in Philadelphia, to limp and halt upon his right leg and thigh. On examination by a young surgeon, the head of the femur appeared to slip partially out of the acetabulum, and, by well-directed pressure on the trochanter major, would fall back again with a perceptible "snap." As long as the pressure was maintained, the bone appeared to remain in place, and the boy moved about with ease and without halting. The young surgeon applied a pocket handkerchief tightly around the pelvis and over the head of the bone and trochanter, and had the satisfaction, at the end of six months, to find that the lad could walk without the bandage, and was free from any halting in his gait. This lad is now a man grown and in active business, with no defect in his joints.

Case 4. A child, the son of Mr. V., was observed, some eighteen months since, to be unable to raise his right arm and hand without the assistance of the left. The child was healthy and active, and about four years of age. Several physicians of the neighborhood, in Missouri, were consulted, who gave various opinions as to the nature of the difficulty. One said the limb was paralyzed; another thought the bone at the shoulder out of joint; and still others thought nothing of consequence was the matter with the arm. During last autumn, the parents removing to Philadelphia, the child was taken to some of the clinics of the city, and some of our ablest surgeons were consulted, without, however, any benefit to the patient.

On examination of the case we found the following condition of the parts. The head of the os humerus projected forward more than was natural; the hand turned outward, with the palm outward and backward; the deltoid muscle appeared atrophied and wasted; while the pectoralis major and latissimus dorsi seemed to retain their usual development. The child could not lift its elbow or arm outwards, but applied the other hand to his arm and raised it when desired to lift the arm. When the arm was lifted up horizontally to the body, and drawn forward and outward, a thumb of the surgeon pressing firmly backward and downward on the head of the displaced bone, it was easily reduced, but would be displaced again on the arm being allowed to fall by his side, as it would involuntarily. The motions of the arm in the direction of the above large muscles are considerable, and the limb can be freely moved backward and forward.

The treatment adopted in this case has for its object, first, the retention of the head of the bone in its proper place; secondly, the de-

through his left elbow-joint, comminuting the articular surfaces. Protracted suppuration and the discharge of numerous fragments of bone ensued. In January, 1857, the wound had at last firmly closed, leaving, however, his elbow in a state of perfect ankylosis, in an angle of  $134^{\circ}$ , rendering the limb useless, and himself, in the very prime of life, an invalid.

On examination, the joint was totally immovable, olecranon and capitulum radii retained their normal shape. There was deformity about the joint, with various cicatrices; the joint, however, not enlarged, extremity slightly atrophied.

The operation demanded and decided upon was performed on the day of admission, as follows:

Patient in lateral posture; the arm across the thorax, fixed by an assistant, and the axillary artery compressed by another. An incision was made, commencing  $1\frac{1}{2}$  inch above the olecranon, through the triceps, and carried  $4\frac{1}{2}$  inches along the ulna; the soft parts on either side of the bones carefully dissected off. A curved spatula was placed anteriorly between the humerus and the soft tissues, and the former divided by a chain saw, just above the fossa olecrani. The ulnar nerve could not be isolated. The arm was now bent at the division, the joint cleared by careful dissection, and the epiphyses of both antibrachial bones sawed through in similar manner. Two sutures were inserted, the remaining portion of the wound lightly filled with a bourdonnet, and in fine, a wet bandage applied. The loss of blood was trifling. The semiflexed extremity being supported by splints, was then placed in a permanent water-bath  $+ 7^{\circ}$  R.

Next day there was but slight febrile reaction.

13th.—Moderate swelling; water ordered to be  $15^{\circ} +$  R.

15th.—Suppuration had commenced. Some sloughs of cellular tissue were removed. Pulse still accelerated, but the patient doing well.

20th.—Sutures removed. Granulation observed at the ground of the wound. Bath  $+ 30^{\circ}$  R. Liberal diet and tonics.

23rd.—Patient in excellent condition, passing some hours out of bed. Wound filling with granulation.

April 1st.—Patient about the garden. Arm secured by splints and angle of flexion frequently altered. A few days afterwards formation of abscess at the wound, incision and removal of two sequestra from the free ends of the bones. Cataplasms.

April 18th.—Patient left the hospital; the wound was then almost

unexceptionable, for the general health of the patient was good, and his youth eminently favorable. The interested parts were also free from disease, and the economical condition of the patient was amply sufficient to purchase all conveniences and comforts of the sick.

The various remedies proposed to overcome ankylosis comprise:

1st. The forcible flexion and extension of the extremity under chloroform anæsthesia. It is, however, self-evident that this otherwise inestimable procedure can exercise no effect upon an osseous union of an entire joint, and should be reserved for spurious ankylosis, or for instances of partial bony connections by osteophytes or callus bridges.

2nd. The brisement force of Louvrier by great manual or mechanical force. In as far as this method applies to perfect ankylosis, it should be entirely dismissed, on the ground that no surgeon, however carefully he may proceed, has it in his power to determine the locality of the intended fracture, nor the amount of injury he may eventually inflict upon the soft parts. Both experiments and clinical observation have generally shown that the fractures chiefly ensue either above or below the ankylosed joint, and in young individuals diasthesis seems to be inevitable. At any rate, an operation like that of Louvrier could not be entertained for a moment in the case of Prof. Langenbeck, as not the breaking up of the bony union, but the re-establishment of articular mobility was the sole object.

3rd. The exsection of a wedge and the infraction of the rest as commended by Rhea Barton. Against this method the same argument would hold good, as it would serve to reproduce ankylosis in a different angle, but not articulation. However useful it has undoubtedly proven in ankylosed knee-joint, it is totally unavailable when the elbow-joint is ankylosed.

4th. Subcutaneous osteotomy of Langenbeck, to which appertain, however, the same objections, for it cannot prevent the new formation of callus. Its practical availability is confined to deformities of cylindrical bones by Rachitis or badly united fracture.

5th. Total resection of the joint.

In comparing the relative value of the various operations that could have been possibly entertained with the object in view, none but the entire exsection could have been determined upon, as was performed. The possible results of that operation come under the following heads:

1st. Reformation of ankylosis vera by callus. This must be expected when the periosteum is retained in too large extent, and may, therefore, be obviated by carefully removing it to the extent of the

the constitution gravely impaired, we have, indeed, rational pretensions to operate for the re-establishment of lost mobility, and a just expectation of success when the individual condition of the patient does not present exception. Henceforth the operation may be looked upon as perfectly legitimate.

As to the method, it seems to be perfectly indifferent to the success whether the linear incision, or the plan of Moreau or Liston is preferred.

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#### OUR PHILADELPHIA CORRESPONDENT.

##### No. 9.

"Time bath, my lord, a wallet at his back,  
Wherein he puts alms for oblivion,  
A great sized monster of ingratitude.

\* \* \* \* \*

O let not virtue seek  
Remuneration for the thing it was,  
For beauty, wit,  
High birth, vigor of bone, desert in service,  
Love, Friendship, Charity, are subjects all  
To envious and calumniating time.  
One touch of nature makes the whole world kin "—SHAKESPEARE.

We cannot but see the truth of the above aphorism of the great bard in all the affairs of time, as they pass before our eyes in panoramic view. The present; the all-pervading present! now, to-day! this hour; this minute; 'tis all we have and all that life can claim. Our *venerable* families, our venerable ancestors, our venerable institutions! Where are they? Where is the venerable society founded by Franklin and his compeers? Where is the American Philosophical Society, in whose magic circle the names of Rittenhouse, Rush, and hundreds of the worthies of that day shone with such brilliancy? Echo answers, Where! Where are our old medical institutions tending? The new, democratic school, numbers more than 500 students; the old one probably less than 400. The names of Rush and P'hyic will not aid in covering the surgical blunder of mistaking an enlarged omentum for an ovarian tumor, and the consequent *exploring* incision of thirteen inches length; or of mistaking a mammary abscess for a tumor of that region, where the tumor had possibly "degenerated" into pus.

By-the-bye, the students of the city, fired with the enthusiasm which was kindled during the late Blockley Hospital contest, got up, in their

originating and founding, and men (supposed to be respectable) have been found mean enough to seek for and take his place. If we know the subject of these persecutions aright, he looks upon the party and the whole movement with that contempt which it and they deserve. Men talk about medical ethics, and band together to persecute and drive one of their number out of the profession, while they will sustain and praise men whose moral character *stinks in the nostrils of the community*. We would not be surprised at all to hear of this peaceful, ethical, pious party convulsing the Am. Med. Association again next spring with their personal persecutions and sham enthusiasm for the ethical. We are very much disposed to think that a little self-examination, in a proper light, would do these busy bodies good.

#### APOTHECARIES PRESCRIBING FOR PATIENTS.

We have been struck with the fact that the apothecaries in Philadelphia, however ignorant and incompetent, are in the daily habit of prescribing for the sick; not only for the poor do they prescribe, but for large numbers of the rich and paying patients. They get fees both for the advice and for their medicine. Now, this is manifestly unjust to the regular physician, who sends his prescriptions to be compounded by the apothecary; for which the druggist is sure of his pay, while the doctor often prescribes for nothing. The reciprocity or honesty of the affair is not to be misunderstood. To say nothing of the great injustice to the patient, whose disease is often aggravated by the ignorance of the apothecary, the physician is robbed of his rights outright. Either the apothecaries should not prescribe, or the physician should vend his own medicine.

Another evil not uncommon among us, is the selling of brandy bitters and other alcoholic drinks with the so-called mineral water. Bottles are kept with the tonic preparation ready for sick customers who call regularly, sometimes more than once a day, for their soda water. Temperance men should look after this abuse of the medicine-vending powers. The truth is, friend Gazette, that the drinking habits of the community, in spite of the glorious revival in religious matters, have increased to an alarming extent, and all lovers of their race should rouse themselves to the importance of this fact. The very foundations of society are threatened by them. We have many young medical men who cannot, and will not meet together night or day without drinking, and making others drunk largely of whiskey or brandy, or both. The profession should put its heel upon this practice, as calcu-

State Medical Society, or, if you please, the medical profession of California personified, lying on a bed before you, the subject of a running clinique.

We are a heterogeneous mass—an army of incompatibles. No country in the world is supplied with physicians so diverse in character. We have all the peculiarities of all the schools in the world, coupled with all the peculiarities of all the nations in the world. The physicians of California know less of each other than the physicians of any other land; and they care less for each other. There is no fraternity. Every man is for himself, and thinks the best way to raise himself is by treading down others. All through the country, in every town and village, there can be but one doctor in the same field. We live in continual war with each other—an internecine war, murderous and suicidal. It is so elsewhere, but more so in California.

I believe this hateful practice of fault-finding and abusing is much more prevalent among physicians than they are aware of. It is the result of habit rather than of malice. It is often done thoughtlessly and unconsciously. Sometimes a wise look conveys the poison—or a French shrug—or a gentle whisper, with the affectation of kindness. As critics, we have as much feeling for our fellows as for the subject of an autopsy. We comment with no delicate reserve on the treatment of patients by others, and if we can contrive to differ from them, we do it—the more publicly, the better. It is a mark of superior wisdom to detect error in a brother practitioner and proclaim it openly. How strikingly is this trait exhibited in courts of justice! When were two physicians ever known to harmonize in their testimony! How easily can any stupid lawyer put our profession to the blush on the witness stand!

Surgeons are worse in these respects than physicians proper. Young surgeons are especially quarrelsome; as they grow older they grow wiser, unless they were fools from birth. *Eclat* attaches to operative surgery, and popular applause is more readily obtained by the knife than in the practice of medicine. Operations are talked of by everybody, while treatment without operations is not appreciated by the vulgar. A single bold and successful operation may establish the reputation of a surgeon and make his fortune. He who saves a doubtful limb does well; but he who chops it off dexterously in two minutes and forty seconds, gains imperishable fame. The wooden leg is a walking advertisement. There are surgeons, not a few, who would am-



putate a member or extirpate a tumor, accordingly as other surgeons had pronounced for or against the operation.

Petients are seldom slow in deciding on the competency and skill of their professional attendant. Considerate and sensible men will sometime hesitate, doubtful of their capacity to judge; but your stupid patients never hesitate a moment. To assume this power of judging, is a great error on the part of the people. It keeps us continually on trial before an incompetent and prejudiced tribunal. But physicians themselves are greatly responsible for the evil, through their own readiness to judge and to condemn each other without adequate knowledge.

Perhaps my brethren will object to this picture of the profession in California, as overdrawn. Happy should I be to think so; but I fear there is no room for such consolation. To detect jealousies, and contentions, and bickerings, and tale-bearing, in shameful and ruinous abundance, requires no great skill in diagnosis. I am afraid the case is beyond the range of my therapeutics. One thing, however, is palpable; that no available remedy can be so effectual as the organizing and cherishing medical associations in every possible locality. This is one of the main purposes of the State Society.

The standard of medical education in Europe being higher than in America, foreign physicians, as a body, have more learning than our own. But learning is not wisdom. I believe American physicians excel in tack—skill—judgment. They are more independent of schools and theories. They have more originality. They adapt themselves more readily to circumstances. Both classes would derive much benefit by attrition. The French appear to stand aloof. They do not mingle with us in association. The German physicians are less exclusive. The British are more like ourselves. All would be greatly improved by personal and professional intercourse.

Now that I have gone so far into painful confessions and humiliating acknowledgments of prevailing evils, let me add an emphatic condemnation of public quarrels through the newspapers or otherwise. There are few occasions that will justify us in appealing to the press, or to the popular feeling, even in self-defence. There is just as much sense in parading our quarrels in the press, as there would be in a married couple attempting to settle their domestic squabbles through the newspapers. If there must be growling, and snarling, and snapping in the family circle, let us for very shame keep the door shut and hide our troubles from the world.

It would not be difficult to name some localities in California where medical societies have not been able to live without occasional explosions—new societies growing out of the disrupted fragments, themselves to be sundered in turn. In one region we are threatened with as many distinct societies as there are doctors. This is child's play—worse than child's play.

Private and exclusive medical organizations have shown themselves capable of doing much mischief in the profession, out of their own limits. Whether they confer any compensating benefits on their members, it is difficult to determine. My own conviction is, that medical societies should be founded on a broad, catholic basis, and should be open to all worthy members; and that they cannot work well in the dark for the good of the entire profession. The tendency of private and exclusive associations is to establish cliques, and create jealousies and suspicions. Besides, they are apt to degenerate into drinking clubs.

Another objection to select and exclusive medical associations is, that they overlook the philanthropic aspect of our profession, by shutting out that class of physicians who have most need of instruction and encouragement. They are essentially selfish. The young, the diffident, the obscure, the inexperienced—more than this, the perverse, and ill-tempered, and insubordinate—should be sought out and taken by the hand. Useful as discipline may be, kindness is often more potent for the correction of error.

The temptation to advertise is sometimes strong enough to induce physicians to disregard our code of ethics, and to bring themselves into notice through the newspapers. To what extent a physician may advertise with propriety, is a difficult matter for settlement. A few years since, in the then chaotic condition of society, it was well enough, and often necessary, to announce something more than simply the name and profession. But now there is not the same necessity. In this respect, much depends on the custom of the place and the people. Thus, in Philadelphia, it is enough to place the name and profession on a small sign-board; and any addition, such as "surgeon" or "accoucheur," savors of charlatanism. There, one is scarcely suffered to publish his card in a newspaper. In New York, where things are done on a larger scale, the sign may be as large as that of an eating house, and may contain a little information. In Boston, specialties are advertised extensively. The practice of medicine, and of surgery, and of obstetrics being separate in some countries, it is necessary to

modify the sign accordingly. In California, we have neither rule nor custom. Physicians have brought their customs and their signs from elsewhere, and we have a variety.

There are other modes of advertising considered legitimate, if not pushed too far. One uses his horse as an advertising medium, and rides into practice. Another offers his services to sundry charitable institutions, and has his name published accordingly, though his philanthropy may not run out of this particular channel. One has some female friends of extraordinary conversational powers, who talk about him in season and out of season, perhaps much against his will, though motives of delicacy prevent him from rebuking them. Whilst another happens to have some kind of friend connected with the press, who publishes his cures and operations, while the poor doctor submits in painful silence to the martyrdom of puffing. Finally, the most unexceptionable mode of advertising is through medical journals, from which the physician reaps a just reward, provided his contributions are worthy the cause of science. Fortunately, the extreme healthfulness of our climate enables some members of the profession to keep an eye on this practice, and see that it is not overdone.

So signal has been the success of many empirics in amassing fortunes by advertising their nostrums in the newspapers, that we cannot marvel if occasionally a respectable practitioner, pinched by want, follows in the track. In regard to the empirical advertisements alluded to, we may as well hold our peace. So long as charlatans and impostors, known to be such, are willing to pay exorbitant prices, the newspapers will do their filthy work, and give currency to the most mendacious puffs, and the most obscene announcements, column after column, inviting to abortion and to all manner of licentiousness. The latest phase which this business has assumed, is the publication of advertisements under the editorial caption; the advertiser paying an extra price to induce the editor to lie for him; thus gulling shallow readers to believe that the editor is telling his own story, instead of hiring his conscience to the quack, after the fashion of the watchmen of the last century, who sold themselves to the devil for a consideration. The conductors of the press may attempt to shield themselves from our strictures by attributing them to jealousy and envy, but we can at least claim of them that, when they publish known falsehoods, it shall be as advertisements, and not as their own declarations; and that they render their papers fit for admission into decent families by stripping

the obscenity from a certain class of advertisements, though to do so would be like stripping a strumpet of all her flesh.

London has been styled the paradise of quacks, and California merits the same epithet; and a paradise of quacks is also a paradise of fools. The history of charlatanism in California would reveal some remarkable facts. For instance; an ingenious tradesman, who knows less of the practice of medicine than a well trained doctor's horse, determines to live no longer by his hands. He expands in a single night into a celebrated doctor, forges certificates of medical men, and makes himself known in his new character over the country, through the newspapers. He employs some obscure and half-starved physician in his office to do the prescribing. Business comes in, advertising increases column upon column, and in a few years he is a rich man. Among the thousands who have contributed to make his fortune, none know that they have procured the services—not of the individual applied to, but of a regular, though probably an incompetent, physician hired by him!

A few thoughts present themselves on another topic—to what extent has society a claim on the gratuitous services of the faculty in hospitals and other institutions? In cities where medical schools exist, the opportunities for clinical instruction derived from public institutions fully compensate the medical attendants; but in California there is no such consideration, and the question stands upon a different basis. If physicians were paid for their services to the poor out of doors, our public institutions might set up some claim. But where is there a class of men who do so much for the poor as physicians—especially here in California? I have no doubt, from my own experience, and from inquiries of my medical friends, that one-half the entire labor of the medical profession in California is bestowed without reward. Of what other profession, or trade, or occupation among men can this be said? Holding this fact in view, has the public any further claims on our charity or philanthropy? Are our services better appreciated when we so cheapen them? Why should physicians stand out alone so conspicuously as entitled to no compensation? Do lawyers serve the public gratuitously? Do ministers of the gospel?

Another consideration—our profession is overstocked. Many worthy young men in our ranks, who have spent all their means in obtaining a medical education, and have disqualified themselves thereby for other occupations—aye, and some older ones perhaps, with families dependent on them, are struggling against penury, scarcely earning

their daily bread. Is it just to these to dry up any of the sources from which our profession should live? Have not these, our professional brethren, as strong claims on our benevolence as the great and magnanimous public?

This subject derives additional importance from the circumstance that public hospitals are soon to be founded in all parts of the State, and of the Pacific coast, and that present precedents will extend their influence everywhere throughout this Western Empire.

Far be it from me to obstruct the foundation of philanthropy, or to stifle the slightest emotion of humanity in any human bosom. Ours is a philanthropic profession—eminently so. From the ancient days when the sick were exposed in public places that they might obtain the kind counsel of passers by, and when the Temple of Cos opened its willing portals alike to prince and pauper, down through thousands of years, in all the mutations and revolutions of society, ours has stood forward as the philanthropic profession of the world. Always in readiness to extend relief to the needy—always rushing with alacrity to staunch the bleeding wound—without noise and without boast it has taken care of the world's poor through the long ages of time; and the injunction so to do, and the sentiment that God is paymaster for the indigent, are recorded in our ethics in letters that shine. And though men have grown so inured to our custom in this respect, as to claim it as a right that we should do more for humanity than our proportion, and though we fail to receive, in many cases, even the reward of gratitude from the recipients of our kindness, yet I would inculcate in the heart of every medical man our imperative duty to the poor, as the pride and honor and glory of our profession.

It must be acknowledged that much of the unpaid labor of physicians is not intended as such when bestowed. On this head they are subject to grievous impositions. They may safely calculate to lose a moiety of their charges, but they cannot single out, by appearances, or otherwise, those by whom they are to suffer. The stranger who wears a rude and unpromising exterior, may have a liberal fee in his pocket, while an immense number of genteel spongers live on poor widows and others, keepers of boarding houses, and pay no debts whatever. But the poorest people in California, and those from whom we suffer most, may live in stylish mansions and fare sumptuously every day. Whilst people of these classes are most exacting in their requisitions, sparing their physicians neither by day nor by night, they compensate him neither with thanks nor dollars. On the contrary, the unsettled bill



annoys them, and finally converts them into enemies. It is not a bad custom for the associated physicians of a city or county to make a register of such persons, and keep the black list for common inspection.

Of course, I have no allusion to those individuals and families who are really poor, though they may not exhibit the outward marks of penury, and who treat us with candor and consideration, and are really grateful for our services. We soon get to know such, and so far from complaining against them, they awaken our kindest sympathies.

That physicians should be put to so much difficulty in collecting a moiety of their charges, after the toil and exposure and anxiety incident to the earning of them, is an intolerable evil. Would it not be well, in view of the shifting population of California, to adopt the practice of requiring the fee on each visit? Three times in four, where your patients are not able to comply with this rule, they will never pay you. In all such cases we might well afford to regard them as proper objects of gratuitous attention. We have just four classes of patients to deal with—the first have money without honor; the second, honor without money; the third, neither money nor honor; the fourth, both money and honor. At present it is only in the fortuitous conjunction last named that we have any chance of getting paid. The lawyer demands his fee in advance, and gets it. But then his services are more highly prized than ours. He has to do with property, while our concern is only life. And everybody knows that in California the latter is of little moment in comparison with the former. You wrest a patient from the grasp of death and restore him to health and business; and when you have waited till he has paid every other debt, he may graciously and grudgingly count you out a few dollars, which you receive in all humility and thankfulness, sensible that he is paying you more than his life is worth. But even this is an honorable man, by comparison. Custom and duty require us to save life on all possible occasions, and under all possible circumstances. Were it otherwise, and dare we act the part of the casuist, we might benefit the world by withholding curative means at choice, and thus suffer death to relieve society of the vilest specimens of humanity.

I scarcely know if it would be worth my while to allude to the base competition of trade which effects the interests of our profession in California to a ruinous extent. Underbidding and undermining are bad enough when induced by sharp necessity. But they are perfectly inexcusable when prompted only by a spirit of rivalry or by ambition.

*To live* is a duty we owe to ourselves: *to let live* is one not less im-



## PUERPERAL FEVER.

The Academy of Medicine, in Paris, has for some time been occupied in a discussion on Puerperal fever, in which the leading obstetricians of the French metropolis have given utterance at length to their opinions. From among the numerous speeches, we translate that of M. Cazeaux, as it gives a very good digest of the different opinions entertained.

I think that it would be superfluous, after the speeches you have heard, to revert to the symptomatology and anatomical characters of the disease or diseases collectively described under the names of *puerperal fever* or *puerperal peritonitis*. These points in the discussion appear to me to have been sufficiently studied by M. Depaul and M. Cruveilhier. You are aware of the importance given by the last named speaker to lymphangitis among the alterations peculiar to puerperal fever; so much so, that he considers it characteristic of that disease. But that opinion has been vehemently disputed by M. Béhier, who maintains, on the contrary, that, in autopsies of women who have died of puerperal fever, he has found inflammation of the veins more frequently than of the lymphatics. This assertion of M. Béhier's has surprised me greatly. I have, for my own part, opened a goodly number of bodies of women who have died of puerperal diseases, and I declare that, like M. Cruveilhier, I have found pus much more frequently in the uterine lymphatics than in the veins. Does not M. Béhier's error depend on an anatomical confusion? For it is remarkable that, although he describes the pus as being in other vessels than M. Cruveilhier does, he still finds it in the same parts of the uterus or its appendages; that is to say, in those portions which are particularly rich in lymphatic vessels. But there is one question which has in an especial degree excited the speakers; it is that of knowing what is the nature of puerperal fever, and what nosological rank it is proper to assign to the lesions which it presents.

In this respect the speakers have been divided into two camps. In the one, they admit the existence of an essential fever—of a pyrexia; in the other, they see only local phlegmasiæ. Up to the present moment, M. Beau is the only one who has formally declared himself in favor of this latter doctrine. With regard to the doctrine of essentiality, it has found supporters in M. Depaul, who has the most boldly and the most clearly laid down the question; in M. Danyau, who has also spoken out resolutely enough; in M. Trousseau, who, after having formally rejected the puerperal fever, has so well

assign a place to puerperal fever, consist, in my opinion, in their having studied it under its epidemic form. In order to form a true and clear idea of the disease, we must look at it under its sporadic form; that is, in its condition of simplicity, disengaged from the special elements of gravity necessarily given to it by the epidemic character. Let us then imagine a physician who has never seen a case of puerperal fever, and who has never read a description of this malady. He is brought into the presence of a woman recently confined, in whom a laborious parturition, a prolonged labor, has produced numerous bruises and lacerations, speedily followed by violent shivering, by very severe abdominal pains, and by a series of other severe general and local symptoms which will rapidly terminate in death. At the autopsy, he finds pus in the peritoneum, in the veins and lymphatics of the pelvis. What idea can this physician form of the nature of the disease, but that it is phlegmasia?

Now, must we admit that there exists a natural difference between the epidemic and sporadic forms of puerperal fever? By no means—any more than that there exists a difference between epidemic and sporadic pneumonia. Nevertheless, M. Trousseau has brought forward one difference which he describes as very essential; it is the existence of a specific cause, of a kind of virus which would be the essence of the epidemic puerperal fever. Well, a specific cause always produces a corresponding specific disease, announcing itself by signs or lesions always identical; thus, the virus of rabies always produces rabies; the virus of syphilis, syphilis; the smallpox virus, smallpox; while here we have to do with a disease which presents itself with lesions the most varied, sometimes a metritis, sometimes a peritonitis, sometimes a phlebitis, at other times a lymphangitis, a pneumonia, a pleurisy, a suppurating arthritis, etc. We cannot, therefore, allege a sole cause for effects so varied.

The difference which I admit, for my own part, is not where M. Trousseau has placed it—in the nature of the disease; I find it in the very fact of the epidemic, which renders the disease more severe, without changing anything of its essence. It is here with puerperal phlegmasia as with cholera, angina, dysentery, and a hundred other affections that I might name.

Do not think, however, that beyond the local inflammation I see nothing whatever, and that I believe that in that resides the whole gravity of the affection. If, indeed, I do not admit a puerperal fever, I do admit a puerperal state, which, in preparation throughout the

tions of pus in many of the solids, and pus in the blood itself, were the only alterations demonstrable.

There is, therefore, in lying-in women, as M. Trousseau has said, a great morbid aptitude, which I will at once call a *pyogenic state*, which not only manifests itself in abdominal phlegmasias, but makes its sad influence felt, whatever be the disease attacking the puerperal female. It is thus that, according to M. Chomel and M. Grisolle, the pneumonias which supervene during the puerperal state acquire an extraordinary degree of virulence, which renders them promptly mortal.

Be the puerperal fever sporadic or epidemic, it always consists essentially in an alteration of the blood and a special aptitude of certain organs to inflame, and to rapidly produce pus; with this sole difference, that with epidemics this aptitude finds itself singularly increased by this agent, unknown in its essence, but so manifest in its effect, and to which has been given the vague denomination of epidemic influence (*génie épidémique*); whence also the gravity of the disease, and its termination more promptly and more constantly deadly.

I will only say this regarding the contagious character of puerperal fever, that I adhere without reserve to what MM. Depaul and Danyau say about it. After a demonstration so clear, so peremptory, as that furnished by those two speakers, it is impossible that there can remain any incredulous on the point. M. Danyau has, therefore, with good reason, insisted on the precautions to be taken to avoid the dangers of contagion.

What shall I say of the treatment? The speakers who have preceded me have superabundantly proved the uselessness of the different methods of cure, and the vanity of certain remedies considered prophylactic.

For the curative treatment, I will confine myself to the declaration that all the means I have tried have failed in my hands, as in those of my colleagues, in cases of virulent or epidemic puerperal fever. I must, however, say that I have obtained good effects from the employment of mercury. I have seen every case get well in which powerful doses of mercury have produced an abundant salivation; a circumstance which induces me to think that he who shall find an infallible means of bringing on a copious salivation will have perhaps discovered a specific for puerperal fever.

As for prophylactic measures, I see none better at present than such as consist in diminishing the agglomeration of women in lying-in; and on that point I entirely agree with M. Danyau. The measures

purplish spots: neither pulse nor motion of the heart were perceptible; nor was respiration discoverable on the mirror which was held before the mouth. Upon a more minute examination, I felt (or thought I felt) a slight warmth about the epigastric region;" whereupon the doctor directed warm ashes to be poured into the coffin, and a gill of very strong brandy toddy to be given every half hour. A quart of brandy had been taken by 8, P. M. At 11, P. M., the patient complained of the hot ashes; he was uncoffined; wine sangaree was substituted until day light, when he refused to take any more, and called for food; at day light the doctor\* found him propped up in bed taking soup.—*N. O. Med. & Surg. Journal.*

#### HOMŒOPATHY AND MORMONISM.

We find by the *Plymouth Journal*, of August 19th, that the Mormons are increasing in the neighbourhood, but are complaining, along with the homœopathic quacks, that their doctrines are misrepresented and misunderstood that the book of Mormon and Hahnemann's *Organon*, the *Millennial Star* and the *Homœopathic Review*, are not read so extensively as they used to be, and should be, and that even when read it is not with a view to enlightenment. From the controversy which has been going on in the *Plymouth* newspaper, we learn that a clergyman had been assailing a medical practitioner for his so-called prejudices against the gloluhstic quackery, and for his objecting to waste his time in reading the rubbish of Hahnemann, Currie, Black, &c. The latter, in reply, referred to Mormonism, to the spread it had made in this country and in America, to its disciples in many parts of the kingdom, and to their forming a new state (Utah,) as proving it equally to be a verity. He asked the divine whether he had ever read the Mormon Bible, and other works on Mormonism, to satisfy himself *truly and clearly* as to the truth or falsity of the new system of religion? He offered, if his reverence would peruse these delectable writings, himself to read the works relating to homœopathy, and to try and profit by their perusal; rightly enough maintaining, however, that the one task was no more required than was the other to convince each of the absurdity of the separate delusions. We need scarcely add, that the clergyman thought Mormonism to be an arrant imposture, denounced its converts as either knaves or fools,

\* John Rush's name is in the Catalogue of Graduates of the University of Pennsylvania, for 1804, having written a thesis "on the causes of sudden death, and the means of preventing it."

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#### Reply to the Interrogatories of the Senatorial Committee on Sanitary Laws of New York.

GENTLEMEN—It is my professional opinion, that "*the health of the City of New York is at present, and has been for many years, inferior to that of any other city*" on the globe. And this while our topography, latitude, temperature, climate, proximity to the ocean, purity of water as well as air, facility of sewerage, and convenience for recreation of our people in the parks, upon our rivers, on either side, and in the adjacent and readily accessible localities in our immediate vicinity, are all in the highest degree salubrious, and ought and might easily be made to render New York the healthiest city in the world.

The "reasons and causes" are numerous, and may be best presented in brief by a summary, thus:

1st. Innumerable *tenant houses*, with one or more families in every

spector, would be abated, even under the present law. But while a mere politician, without any, even the least, qualification in sanitary science, and who has no scientific character or medical reputation to sustain, can be placed at the head of the Health Department of this great city, having a population approaching three quarters of a million of souls, it is idle to hope for any improvement, in the early discovery or fearless removal of these and the like sources of disease and death, from which much of our mortality proceeds.

4th. The Health Department of this city imperatively needs and requires entire and radical changes, equivalent to reorganization. A *medical head* is the first and great necessity, which, if this were recognized in the law, would lead the appointing power to select for so important and responsible place a physician of character, education and experience, irrespective of any other consideration than his capability and qualifications in sanitary science and medical police. Nor should any but such be intrusted with the subordinate relation of Health Wardens; for to employ any other than an educated medical man in so vital and important duties would be regarded a farce, but for the political exigencies which prompt it.

5th. The present Quarantine system has proved itself so utterly inefficient and mischievous, that an entire revolution is called for, by all classes of our citizens, and especially by our shipping and commercial men, who are the most severe sufferers, by the severe and worthless restrictions of an old and obsolete system, which is throughout a burlesque upon sanitary science, and worthy only of the dark ages of barbarism. The Health Officer, and often his deputy, are chosen from a class of doctors, so-called, who, like the Physician-in-chief of the Marine Hospital, have never seen a case of yellow fever or cholera in their lives, and who, until they learn their profession in their new positions, cannot discriminate either disease from small pox, which is the only contagious fever against which any quarantine restrictions can avail. And yet these are the very cases of small pox which, in their latent state, are under the present system suffered to come up to the city, to which cause alone the perennial presence of small pox in our city is due, by which hundreds of our citizens are annually sacrificed. Indeed, but for the failure of Quarantine to keep the small pox out of our ports, the profession could annihilate, by vaccination, this loathsome and fatal malady from the city and the country. But meanwhile, the Health Officer, at an annual income greater than that of the President of the United States, is clamoring about the yellow fever and



other diseases, which he swears are not contagious, but only infectious—thus creating the panic annually, so disastrous to commerce and ruinous to the pecuniary interests of the city.

6th. The Committee of the Senate have now the opportunity of exposing the imbecility and ignorance which characterize our present Quarantine laws—more tyrannical and oppressive than any free country or city on the globe attempts to enforce; and directly opposed to the teachings of experience and to all enlightened science, and hence are opposed and denounced by scientific men in all parts of Christendom, as founded in superstition and imposture, and conniving at extortions and pecuniary speculations which are a reproach to civilization.

7th. The Quarantine system needed, should provide against the possible introduction into our port of the *small pox*, or any other contagious fever, the sick of which may communicate it to the well. And as in such case the vessel and cargo participate in the contagion, these as well as all the persons and things on board, should, for the public safety, be kept at the quarantine or lazaretto, until by enlightened measures and adequate time the dangers of contagion are annihilated. Next, it should impose no restraint on the *persons* of those who arrive in health from sickly ports, in the case of any non-contagious fever, as yellow fever, &c., is known to be, though equally known to be *infectious*. The infection does not inhere in the persons, whether sick or well, but in their clothing and effects, in the holds and cabins of the vessels; and hence, while the sick should be sent to the hospital and thus removed from the infected vessel, the well should only be detained on shore at the Quarantine for the washing of their clothing, &c., the only justifiable pretext for such detention. Meanwhile the vessel and cargo should be thoroughly disinfected, by artificial cold, if necessary, being superadded to the ordinary means, and no farther detention should be allowed.

8th. The fees and perquisites of the Health Officer should be abolished, as corrupting and demoralizing to the last degree, and the position should no longer be held by the Executive as a political reward for a partizan, irrespective of qualification, or its receipts be regarded as the spoils of the party in power. Let an adequate salary be paid to the Health Officer and his Deputies, and let him be required to pay over to the public treasury every dollar he exacts from the owners and masters of vessels he visits, and from every other source. The income to the state would then adequately sustain the expenses of an enlightened Quarantine.

9th. The Board of Health in this city, as at present constituted, is an unwieldy body, altogether too large for efficiency, and composed for the most part of men who, however estimable they may be as public officers, are without the necessary qualification for controlling the questions relating to the public health. The office of Resident Physician might well be merged in that of City Inspector; while that of Health Commissioner should be abolished, as it is a sinecure, and a mere political reward.

Less than this would be an insufficient answer to the queries of your Committee; and whether it be politic or not, it is the TRUTH, and ought to be told. "He that is careful of himself was not made for the public." Respectfully submitted,

D. MEREDITH REESE, M.D., LL.D., &C.,  
No. 10 Union Square, N.Y.

#### THE DISCOVERY OF ETHERIZATION.

We insert the following remonstrance of *one hundred and fifty physicians of Boston* against Morton's pretensions, as a conclusive refutation of the stereotyped falsehood, that the "physicians of Boston" are the authorities by whom the Governors of our Alms House have been moved to their projected plunder of the public treasury for Morton's benefit. Certain "physicians of New York" are alone in their glory, and Boston, where Morton belongs, repudiates the fraud. We still favor the claims of Wells, though Dr. Jackson was the Boston discoverer, if that city can claim priority over Hartford in the demonstration. But *Morton and his patent* are alike reprobate coin, nailed to the counter by Boston hammers!

*"To the Senate and House of Representatives in Congress assembled:*

"The undersigned, residents of Boston and its vicinity, respectfully represent, that they have been familiar with the great discovery of the anæsthetic use of ether from its origin, and with the controversy following it. They now believe, and ever have believed, that Dr. Charles T. Jackson is its sole and veritable discoverer; and that any merit on the part of W. T. G. Morton, the surgeons of the Massachusetts General Hospital, or of others, consists in taking his discovery, after he had communicated it to many persons, in many places, and subjecting it to additional employment. We, therefore, strongly feel that any recognition of the comparatively insignificant connection of others in bringing this great discovery into general use, on the part of your honorable bodies, without granting a proportionate award to its originator and discoverer, would work a wrong and injustice beyond parallel in the history of science.

James Hyndman, M.D.,  
 Harvey E. Weston, M.D.,  
 Abram Page, M.D.,  
 Daniel Harwood, M.D.,  
 John Odin, Jr., M.D.,  
 Charles W. Calkins, M.D.,  
 Howard Sargent, M.D.,  
 Horace Stacy, M.D.,  
 S. Cabot, Jr., M.D.,  
 Robert Capen, M.D.,  
 Benjamin S. Codman, M.D.,  
 S. A. Bemis, *Dentist*,  
 John Clough, M.D.,  
 S. L. Abbott, M.D.,  
 D. Humphrey Storer, M.D., *one*  
*of the Physicians, Massachusetts*  
*General Hospital*,  
 J. Sydenham, Pilot, M.D.,  
 Henry S. Lee, M.D.,  
 Calvin Stevens, M.D.,  
 David Osgood, M.D.,  
 Elisha G. Tucker, M.D.,  
 Moses W. Weld, M.D.,  
 Henry James Martin, M.D.,

John A. Tarbell, M.D.,  
 R. W. Newell, M.D.,  
 T. Fletcher Oakes, M.D.,  
 Henry W. Williams, M.D.,  
 Thomas B. Wales, M.D.,  
 George Hubbard, M.D.,  
 G. C. Holbrook, M.D.,  
 J. E. Herrick, M.D.,  
 Alanson Abbé, M.D.,  
 W. W. Codman, M.D.,  
 John C. Haden, M.D.,  
 William F. Channing, M.D.,  
 M. C. Green, M.D.,  
 E. D. G. Palmer, M.D.,  
 D. M. B. Thaxter, M.D.,  
 Jno S H Fogg, M.D.,  
 P. M. Crane, M.D.,  
 Jas J. Fales, M.D.,  
 Dan'l V. Folts, M.D.,  
 Chas. J. Putnam, M.D.,  
 Moses Clark, M.D.,  
 Abraham R. Thompson, M.D.,  
 Stephen Ball, M.D.,  
 A. D. W. Martin, M.D.

*" To the Senate and House of Representatives in Congress assembled: "*

" The undersigned, members of the Massachusetts Medical Society, resident in Boston and its vicinity, respectfully represent, that they are familiar with the principal facts connected with the great discovery of etherization, and its introduction into surgical practice; and they declare their full belief that Dr Charles T. Jackson, of Boston, having inferred, from his experiments and observations, that sulphuric ether, free from alcohol and acids, has the power safely and effectually to destroy the pain of surgical operations, communicated that conclusion to various individuals, and in February, 1846 recommended to one of them, Joseph Penbody, a student in his laboratory, the use of sulphuric ether as an anæsthetic agent; and subsequently, on the 30th of September of the same year, to W. T. G. Morton, a dentist of Boston, giving him, at the same time, directions respecting the quality of the ether to be used, and the proper mode of administering it, and assuring him of the safety, and assuming the responsibility of the application.

" The undersigned further declare their belief that the merit, which they would by no means undervalue, of W. T. G. Morton and others, in relation to the discovery of etherization, consists entirely in their having practically verified it, and zealously labored to introduce it into surgical practice.

" The undersigned believing, therefore, that in relation to the great discovery of etherization Dr Jackson was the *head*, and W. T. G. Morton the *hand*, respectfully and earnestly remonstrate against any

The statement of the Trustees cannot fail to convince all who read it, that the action taken by that body against Dr. Gould and the Scientific Council was not premature, but contrariwise it was too long delayed. It was manifestly due to their forbearance that the Trustees so long tolerated the vacillating and prodigal course of Dr. Gould, and especially the waste of time and money in which he has involved them, while there is still comparatively nothing done, but the importation and chaotic storage of the most costly instruments Europe could furnish, while the practical utility anticipated as an early result of the Observatory appears to have come to a "dead halt." Year after year the investment of the vast amount already expended yields no revenue of scientific observations and results, such as were promised by Dr. Gould, and such as can alone reward those who with princely munificence have endowed the Dudley Observatory.

We trust that the friends of the institution may soon find a safe deliverance from the incubus of the Coast Survey, and that Dr. Gould may find other and more congenial employment.

#### MEDICAL SCHOOLS.

The regular course of lectures for 1858-59 is now in progress, and though too early to report the classes any where, the matriculants not having all registered, yet we venture to give an *estimated* number, so far as information has reached us, and which will be found to approximate to the classes of the schools named.

|                                                 |                  |     |
|-------------------------------------------------|------------------|-----|
| University of New York, . . . . .               | claims . . . . . | 300 |
| College of Physicians and Surgeons, " . . . . . |                  | 200 |
| New York Medical College, " . . . . .           |                  | 100 |
| Jefferson College, Philadelphia, " . . . . .    |                  | 560 |
| University of Pennsylvania, " . . . . .         |                  | 400 |
| Pennsylvania Medical College, " . . . . .       |                  | 150 |
| Philadelphia School of Medicine, " . . . . .    |                  | 150 |
| University of Michigan, " . . . . .             |                  | 140 |
| University of Nashville, " . . . . .            |                  | 300 |
| Shelby Medical College, " . . . . .             |                  | 100 |

It is very probable that these estimates may be below the numbers, as some of the Colleges had but just opened at our last advices, and many students are tardy in reporting themselves.

It would appear that the annual harvest of doctors is increasing, the croakers to the contrary notwithstanding.

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**DR. DAVID UHL,**

formerly of this city, is reported to have died on the 17th September last, at Bolivar, Venezuela, whither he removed during the last year.

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**Strychnia.**

Dr. Alexander P. Reid, of Montreal, has elaborated an inaugural dissertation upon Strychnia, which has been published by the Faculty of McGill College of that city—an honor which it well merits. The novelty and originality of many of his experiments on this article, especially in its toxicological relations, renders the essay valuable to pharmacutists, who will not fail to profit by it.

---

**Cod Liver Oil Jelly.**

Mr. Quern, a practical chemist, 135 Fourth Avenue, continues to render the genuine Norway Cod Liver Oil palatable and even grateful to invalids, by his admirable jellies, so that the most delicate stomachs are not disturbed by their free employment. Physicians are everywhere availing themselves of this valuable improvement, and from experience we can add our testimony to that officially given by the New York Academy of Medicine.

This article has become a necessity to all who have tried it, and we direct attention to the *new* advertisement of Mons. Quern, on another page, who finds the patronage of the profession has already created a very extensive demand, which is daily increasing. The Jelly contains eighty-five per cent. of the oil, and does not offend the most fastidious stomach. We are constantly prescribing it, and recommending it to our friends as the best method of taking the oil.

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**MISCELLANEOUS ITEMS.**

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Dr. Boyd, Health Officer of Brooklyn, L. I., reports 22 deaths by yellow fever in that city during the last summer. We have not heard any doubt expressed as to its local origin, nor is any contagion alleged, nor is any connection with the shipping at Quarantine suspected. They were doubtless sporadic cases, generated by heat acting upon a filthy locality, in the crowded and squalid habitations of the poor, in which pure air is an impossibility, and the ventilation necessary to carry off the noxious exhalations from the bodies of the inmates equally impracticable.

eulogistic, it does no more than justice to the memory of one of the purest and best men who ever adorned our profession.

We learn that the class at Jefferson College numbers nearly 600 students.

*The Anniversary Dinner* of the Society for the relief of the widows and orphans of medical men was celebrated at the Astor House, Nov. 16th, 1858. Dr. Isaac Wood presided, and over two hundred physicians were present. Addresses were made by Professor W. Parker, Rev. Dr. Osgood, R. O'Gorman, Esq., Dr. J. R. Wood, Hon. Mr. Guthrie, Secretary of U. S. Treasury, Dr. A. H. Stevens, Dr. Satterlee, of the U. S. A., and others. The Society has a *permanent fund* of nearly \$25,000, yielding an annual interest, when invested, of \$1,750 per annum. The receipts of the year exceeded \$2,000. Only one beneficiary, a widow with children, is relieved by the Society, and she cannot be a very heavy tax on the treasury, since we observe that the whole expenditures of the year amount to only \$200.

*The L. I. College Hospital at Brooklyn* was inaugurated in the new building on the 15th November, with an able and elaborate address by Dr. Mason, President of the Board, and eloquent speeches by Mr. Vancott and other gentlemen, in the presence of numerous friends of the new institution.

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## BOOK NOTICES.

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BRIEF EXPOSITIONS OF RATIONAL MEDICINE. To which is prefixed the *Paradise of Doctors, a Fable*. By Jacob Bigelow, M.D., &c. Boston: Phillips, Sampson, &c. 1858.

The author of this little 18mo has been an avowed skeptic in medicine ever since 1836, though all the while occupying a high post in a profession of which he holds a low estimate. At that date he read before the Massachusetts Medical Society a discourse on "Self-limited Diseases," including in this category a number of exanthematous and other fevers, and maintaining the do-nothing treatment as being adapted to all such, for the reason that by their own nature they were limited in their duration, and incapable of being removed, abbreviated, or elongated by any remedies.

Of this discourse the author tells us, that it was "not without some influence at the time and since on the minds of the profession *here*," meaning Boston we suppose. The only "influence" we ever knew ascribed to its publication, was in being an avant courier to Homœopathy, which was greatly strengthened and flattered by it at the time, when the disciples of that school were struggling for existence in this country, without any the least aid from our profession, until furnished by this discourse. We remember that it was hailed at the



time, and citations from it have been echoing ever since, by Homœopaths and their Journals, as proving that the regular profession were coming over to the "new school," notwithstanding the disclaimers in the discourse of any such purpose on the part of its author.

It was not until 1846, ten years later, that Sir John Forbes published, in the British and Foreign Medical Review, his elaborate article entitled "Young Physic," which from his elevated position startled the profession by analogous views to those of Dr. Bigelow, carried out still farther in furtherance of Homœopathy, as though the skepticism of its author in legitimate medical science had awakened the fear of successful rivalry by the "new school" then clamoring for recognition, and hence prompted the effort to "come down" into the arena of competition with the know-nothing, do-nothing teachings of the sect, thus supplanting them in their own field.

Among the kindred publications to which Dr. Bigelow refers, we find Dr. Gould's in 1855, entitled "Search nature and know her secrets;" Dr. Collings' in 1852, "Nature in disease;" Dr. Hooker's in 1857, on "Rational Therapeutics;" and lastly, the "Rational Doctor," in the Household Words of Charles Dickens!! Meanwhile, Dr. Bigelow himself, to whom belongs the honor of having been the first reaper in this field, *primus inter pares*, has republished his discourse on Self-limited Diseases, incorporated, with other essays, in a volume entitled "Nature in Disease."

More recently, Sir John Forbes has issued a new work, which he styles "Nature and Art in the cure of disease," the tendency, if not the purpose, of which is to diminish the confidence of the profession and the public in the medical art, and in medical science, by exalting the resources and capabilities of nature in curing disease without, above, and beyond all art even when guided by the most enlightened science. Of the teachings of this work Dr. Bigelow avails himself in the volume before us, entitled "Brief Expositions of Rational Medicine, &c.," prefixing a fable, viz., the Paradise of Doctors in Massachusetts, which, from its lack of point, must belong exclusively to the Bay state, as it appears to have been written off "Point no Point," for the latitude of which we refer to the Gazetteer. Its wit or humor must be so infinitesimal, that it strikes us the Boston embodiment of both, the "Autocrat of the Breakfast Table," would be puzzled to find either, and Æsop would have refused to recognize it as worthy to be called by a name which he has rendered classic, a "Fable." To say more is unnecessary, and in all honesty we could not say less, than that like the rest of the volume, by Drs. Bigelow and Forbes, it is a gross caricature of a profession to which all parties are indebted for whatever of dignity or influence they now wield against their brethren. Their prospective retirement into the vale of Old Fogyism cannot justify the discharge of their Parthian arrows into the bosom of their Alma Mater, whose patronymic jewels are theirs.

Still, however, both Drs. Forbes and Bigelow have so long held our high places of honor and emolument, and been so esteemed as able and accomplished physicians, that a presumption little short of temerity will be imputed, in these degenerate days of sycophancy, to any expression of adverse opinions, by the humbler members of the fraternity, to those promulgated from so exalted authority, and heralded by a subservient press on both sides of the

Atlantic. But there are some of us who owe a higher allegiance to the profession than to any magisterial dicta, and though "we do not love Caesar less, we love Rome more." And surely when a mother is stabbed to the heart, the feeblest child may cry out against the deed.

Our limits forbid amplification here, which may appear through another medium hereafter. It must suffice for the present to say briefly, that the whole theory of "self-limited diseases," in the sense contended for, is known by all practical men to be a fable. To take the single instance of small pox a most unfortunate illustration for the theory, we affirm that the type, severity, dangers, and form, as well as extent of eruption, including the disability inflicted on the victim, are all within the control of medical art; and the antiphlogistic and refrigerant treatment of the eruptive fever, and by active remedies, too, in this and other exanthemata, as old as Sydenham and his compeers, is established by all history and all experience. To affirm otherwise is to contradict the evidence of statistics of the diminished mortality of small pox, and by medication, too, the numerical method having placed the fact beyond dispute. The details are too familiar to be repeated here. Hence we take issue with the facts on which the theory is based.

The same may be said of the other *febrile and acute* diseases, called self-limited. Neither fever nor inflammation is *per se* dangerous or fatal in all cases, so that such may safely be left to nature; nor would active treatment be prescribed by any scientific physician. But we deny that either can be left to nature, without imminent peril, when any organ necessary to life is seriously involved in the one or is the seat of the other. *Qui dono*, then, we ask of the self-limiting theory, when we show that in such cases the vital organs are protected, and, if need be, by active remedies, and the extent of the disease, as well as its continuance, directed by art and to a favorable issue. But we cannot enlarge. Waiving other illustrations, we will now only allude to the strange inconsistencies of the author. He enumerates five different methods, at present in vogue, for treating disease, viz:

1st. "*Artificial*," depending on drugs alone for the removal of disease, which, when used to excess, he terms "heroic."

2d. "*Expectant*," non-interference of art; leaving all to nature.

3d. "*Homœopathic*," a specious method of doing nothing, while *seeming* to be busy with infinitesimal potences.

4th. "*Exclusive*," which includes hydropathy, mineral springs, electricity, quack nostrums, &c.

5th. "*Rational* method," which consists in a belief of the author's dogma of "self-limited diseases," in which he includes "*common pneumonia, typhoid fever, acute rheumatism, cholera*, and many other diseases." Of these, he boldly affirms that "no physician can, by any art, cure either, after it has arrived at a certain height." No physician can, by any art, delay or retain it, after it has passed the climax assigned to it by nature." All such the author would turn over to the practitioners of the 2d, 3d, or 4th method, to protect from the 1st, which he confesses can "do nothing" but harm. And this is his theory of "*Rational* medicine," which, if it be not universal skepticism, is worse.

But what are the *harmless* remedies and *innocent* medication recommended by Dr. Bigelow? Let us see! *Vaccination* for pleurisy! *opium* for rheuma-

done in this country heretofore, for either the mitigation or prevention of this greatest of our social evils. Under these circumstances Dr. Sanger has been prompted to the preparation of this first American work in this department, and which will be found to include the ancient as well as modern history of prostitution, throughout the old and new world, which occupies more than half the volume, viz., 450 pages. The remainder is devoted to New York, and comprises the results of the author's personal inquiries and investigations into the statistics of the evil, its sources, causes, effects, cost, and remedies in detail, embodying an amount of information never before collected, and illustrated by a multitude of individual cases and histories. He has very ably performed his task, without exaggeration or cant, and whatever may be thought of his remedial measures proposed, all must award him the merit of candor and truthfulness, highly creditable to him as a man and as a physician. It forms an 8vo volume, of near 700 pages, and is published in a superior style. We shall take occasion to refer to it again hereafter.

We extract the following critique from the *Virginia Medical Journal*, as it refers to a book we have not seen, though published in New York. Its being sent to our Virginia conferees before its issue here, has, it seems, called forth this *first rate notice*, which had it been written here would have been ascribed to personal prejudice.

"A COURSE OF LECTURES ON OBSTETRICS, at St. Mary's Hospital. By Wm. Tyler Smith, M.D. With Notes, &c., by A. K. Gardner, M.D. New York: published by Robert M. De Witt. 1858. (Received of R. M. Smith, Richmond.)

"DR. TYLER SMITH is well known to the American profession, through his contributions to the *Lancet* (which as a reprint has a considerable circulation), for his truly excellent and original work on the pathology and treatment of leucorrhoea, and also for his ingenious and occasionally useful adaptations of the *reflex spinal theories* of Marshall Hall, to the special department of medicine which has always engaged his attention. With a dexterity and perseverance worthy of his leader, Dr. Smith has applied the reflex movements of the nervous system to explain the physiology of labor, to elucidate some of its pathology, and to assist in the treatment of disease the consequence of this condition.

"An American publishing house, thinking that a course of lectures delivered by one already favorably known to our profession, would meet with a ready welcome, has presented us in book form these lectures as they have appeared in the *Lancet*. They have, however, blundered unfortunately upon an American editor, who is *not* favorably known to his brethren, who has an incurable itch for notoriety, which is offensive, and who occupies the first pages of this valuable treatise with an 'Introductory Lecture,' which might as well have slept on quietly as it had been doing for seven years, rather than, by being violently resuscitated, to transfer its somnolent condition to the unlucky reader. If Dr. Smith's lectures were valuable as they indeed are, by all means publish them; if Dr. Gardner's introductory, delivered in 1851, deserved reanimation, galvanize the corpse if you please, and send it forth on its errand of instruction and entertainment, but do not put an American jockey on an English horse (particularly if he is too much weight to carry, and expect to be successful in the contest.

"The New York publishers make a neat volume of these lectures, 'copiously' annotated by the editor, and the author is made of such good stuff, having both speed and bottom, we hope they may come out reasonably well, in spite of bad riding. We are willing at least to offer them our good will; and as they have just entered the field as medical publishers, we wish them better luck next time."

## FOUNDLING HOSPITAL.

Many of our readers will sympathize with us in the satisfaction we derive from the prospect of the early opening of the Infants' Home, on a plan to fulfil all the benevolent purposes of a Foundling Hospital, for which we have persistently labored for many years, from a conviction of its necessity in this great city. That it will lessen our terrible infant mortality, and diminish the number of the young female suicides, which has been sadly increasing every year, can scarcely be doubted. For the prospective success of the initiatory measures taken, the community are mainly indebted to the humane and persevering efforts of the Hon. C. H. Haswell, President of our Board of City Councilmen, who has devoted himself with praiseworthy diligence to this good work. It now only remains that our Hon. Mayor and Board of Aldermen should ratify the Ordinance of the Councilmen, and the Infants' Home will soon be super-added to our public charities, which are the crowning glory of New York.

Professor J. G. F. Holston, of the National Medical College, Washington, D.C., opened the session of 1858-9 with an address at the Smithsonian Institution, on the history of our science and art, and its relations to society. It has been published by the class, and is an able discourse. The tribute to the memory of the "forty martyrs of Norfolk," with which it concludes, is alike touching and eloquent. We learn that the college opens with the prospect of a good class.

An INDEX of the contents of the present volume is in preparation, and will be forwarded to subscribers in the January number.

## FREE OF POSTAGE.

THE AMERICAN MEDICAL GAZETTE will be sent, *free of postage*, to all subscribers who pay during the months of *December* and *January*, in advance for 1859. The prompt transmission of *TWO DOLLARS*, by every subscriber, will bring them within this rule.

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## AMERICAN MEDICAL GAZETTE ADVERTISER.

## ALBANY MEDICAL COLLEGE.

**Two full Courses of Lectures are delivered annually.** The Fall Course commences on the first Tuesday in September and the Spring Course on the third Tuesday in February. Each Course continuing sixteen weeks. Degrees are conferred at the close of each term.

ALLEN MARCH, M. D., Professor of Surgery  
JAMES McNAUGHTON, M. D., Prof. of the Theory  
and Practice of Medicine  
JAMES H. ARMISTEY, M. D., Professor of Anatomy  
THOMAS HUN, M. D., Prof. of the Institutes of  
Medicine.

AMOS DEAN, Esq., Prof. of Med. Jurisprudence.  
HOWARD TOWNSEND, M. D., Prof. of Materia  
Medica  
CHARLES H. PORTER, M. D., Prof. of Chemistry  
and Pharmacy  
J. V. P. QUACKENBUSH, M. D., Prof. of Obstetrics.

Fees for a single course, \$30; for two courses paid in advance, \$100. Matriculation fee, \$5. Graduation fee, \$20.

Material for dissection abundant and furnished to students on the same terms as in New York and Philadelphia. Hospital Tickets free. Opportunities for Clinical instruction are believed to be equal to those afforded by any College in the country. Price of Board from \$2.50 to \$3.50 per week.

**JOHN V. P. QUACKENBUSH, Registrar.**

## UNIVERSITY OF NASHVILLE.

**Medical Department.—Session 1857-58.**—The Seventh Annual Course of Lectures in this Institution will commence on Monday, the 2d of November next, and continue till the first of the ensuing March.

THOMAS R. JENNINGS, M. D., Professor of Ana-  
tomy.  
J. BERRIEN JENSELEY, M. D., Chemistry and  
Pharmacy.  
C. K. WINSTON, M. D., Materia Medica and  
Medical Jurisprudence.  
A. H. BUCHANAN, M. D., Surgical Anatomy  
and Physiology.

JOHN M. WATSON, M. D., Obstetrics and the  
Diseases of Women and Children.  
PAUL F. EVE, M. D., Prof. of Prin. and Prac. of  
Surgery.  
W. K. BOWLING, M. D., Institutes and Practice  
of Medicine.  
WILLIAM T. BRIGGS, M. D., Adjunct Professor  
and Demonstrator of Anatomy.

The Anatomical rooms will be opened for students on the first Monday of October, (the 5th.)

A Preliminary Course of Lectures, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

The Tennessee State Hospital, under the direction of the Faculty, is open to the Class free of charge.

A Clinic has been established, in connection with the University, at which operations are performed and cases prescribed for and lectured upon in the presence of the class.

Amount of Fees for Lectures is \$105, Matriculation Fee, (paid once only,) \$5. Practical Anatomy, \$10. Graduation fee, \$25.

Good boarding can be procured for \$3 to \$4 per week. For further information or Catalogue, apply to

**PAUL F. EVE, M. D.,**

Nashville, Tenn., July 16, 1857.

*Dean of the Faculty.*

## CASTLETON MEDICAL COLLEGE.

**There are two full Courses of Lectures annually in Castleton Medical College.** The **SPRING SESSION** commencing on the last Thursday in February, the **AUTUMNAL SESSION** on the first Thursday in August. Each Course will continue four months. Degrees are conferred at the close of each term.

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and Therapeutics.

WILLIAM SWETSER, M. D., Prof. of Theory and  
Practice of Medicine.

E. R. SANBORN, M. D., Prof. of Surgery.

WM. C. KITCHEN, A. M., Prof. of Med. Jurisp.

CORYDON LA FORD, M. D., Prof. of Anatomy.

P. D. BRADFORD, M. D., Prof. of Phys. & Pathol.

GEORGE HANLEY, M. D., Prof. of Chemistry

and Natural History.

ADRIAN T. WOODWARD, M. D., Prof. of Ob-  
stetrics.

**Fees.**—For Lectures, \$50, for those who have attended two Courses at other Colleges, \$10. Matriculation, \$5. Graduation, \$10. Board from \$2.00 to \$2.50 per week.

**A. T. WOODWARD, M.D., Registrar.**

Castleton, Vt., June, 1856.



## SHELBY MEDICAL COLLEGE, NASHVILLE, TENNESSEE.

SESSION OF 1858-9.

The First Regular Course of Lectures in this Institution will commence on Monday, the first of November, 1858, and will continue to the 1st of March ensuing. The Preliminary Course of Lectures, free to all students, will be given during the month of October.

### FACULTY.

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THOMAS L. MADDEN, M.D., Professor of Anatomy, (Descriptive, Histological and Surgical).<br>JOHN FREDERICK MAY, M.D., Professor of Principles and Operations of Surgery.<br>DANIEL F. WRIGHT, M.D., Professor of Physiology and Pathology.<br>JOHN H. CARRENDER, M.D., Professor of Materia Medica and Therapeutics. | RICHARD O. CURREY, M.D., Professor of Medical Chemistry and Medical Jurisprudence.<br>E. B. HANKIN, M.D., Professor of Theory and Practice of Medicine.<br>JOHN I. FORD, M.D., Professor of Obstetrics and Diseases of Women and Children.<br>H. M. COMPTON, M.D., Demonstrator of Anatomy. |
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**Vol. IX.      DECEMBER, 1858.      No. 12.**

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